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Last Updated 1/18/2006 Build 3.0.68

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Getting Started

Overview

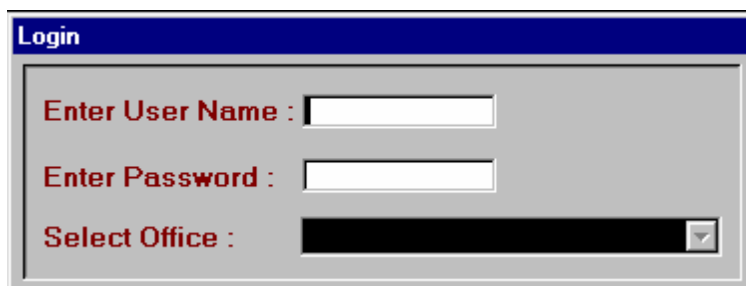
This manual shows how to use this system in your day-to-day operations. The table of contents will point you to specific sections of interest so that this manual can be used as both a teaching tool and a reference guide.

Back vs. Front Office

At the back office, users have full access to all of the data and functions of the front office. All information that is changed at the back-office location is automatically transmitted to the front offices. This means the back office can audit, track, and manage all of their front offices' information if the back office chooses to.

Logging-In

This is the screen that allows a user to gain access to system components. A system representative or your system administrator will assign your user ID and password. Users marked as 'System Administrator' are the only users with the authority to create and maintain user information.

A screenshot of a login dialog box titled "Login" in a blue header bar. The dialog box has a light gray background and a thin border. It contains three labels in red text: "Enter User Name :", "Enter Password :", and "Select Office :". Each label is followed by a corresponding input field. The "Enter User Name" and "Enter Password" fields are white text boxes. The "Select Office" field is a black dropdown menu with a small arrow icon on the right side.

When you log into SAM, you will notice an option "XP Themes" on the login pop up. This option will only be displayed if you are running Windows XP and have XP Themes enabled. This option will display the windows using the XP format.

To log into SAM, type in the User Name that has been assigned to you along with your assigned password. As you type each character of your password, the system will echo the character with a "*". It does this so that someone looking over your shoulder cannot learn your password by reading from the screen.

You get three tries to enter a correct User Name and password. After three unsuccessful attempts, the system gives up on you and denies you access to the system. If this happens, take a deep calming breath and call the person in your organization responsible for the care and feeding of this system. If that person cannot help you, give the nice people at RiverSoft a call.

Press the "Esc" key to exit without having to log in.

At the back office it is important which office you log into when using SAM. You will only be able to see the information for the office to which you are logged-in. If you want to change the logged-in office, use the 'Select Office and User' function from the Login menu.

Definitions

Back Office

The site that performs the payroll, the bulk of the billing, and handles accounts payable and general ledger for the provider offices (front offices). The office representing this site is called the Headquarters (or Admin) office.

Front Office

Site at which client charts and SAM is used to coordinate and document the care and service provided to clients.

Payer

Payer of services provided. The payer may be Medicare, Medicaid, an insurance company, or a third party who is not the client.

Client

The Client is the person receiving the service. When a client pays for his or her own service, we call the client a "self-pay" client.

Patient

This is a particular type of client for which a plan of care must be created and maintained. When you add a client record, you can choose to denote the client as a regular client, a patient, or a facility. By choosing patient, you can admit the client into your agency as a patient and create a plan of care and OASIS Assessment.

Facility

This is a particular type of client for which you may be supplying "staffing" type of services. Multiple employees normally provide "Facility" type clients service. Examples of facility clients are hospitals and nursing homes.

Staff Employee

A staff employee is one who is paid a salary. SAM has the ability to pay staff employees a specific pay rate for visits over and above a number of visits that are expected as a part of an employee's salary.

Field Employee

A field employee is one who is paid on a weekly basis for the time-slips and notes they turn in.

Contract Employee








A contract employee is one who works for an agency that provides employees. Contract employees are paid by their own organizations. Those organizations invoice your agency and you pay those organizations through your accounts payable system.

How List and Data Screens Work

Terms

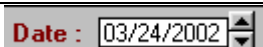
Click	click the left mouse button while the mouse pointer is on the item
Select	click the item then click the select button
Double Click	click the item twice quickly
Shift-Click	click the item while holding the "Shift" key
Control-Click	click the item while holding the "Ctrl" key
Right Click	click the item using the right mouse button
Drag	click and hold down the left mouse button and then move the mouse pointer to a new position on the screen and release the left mouse button

Buttons

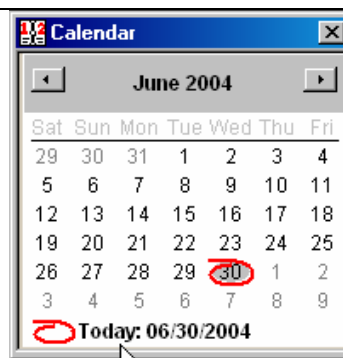
Navigation Buttons		moves displayed data through a collection of records
Find Button		displays a screen used to create a collection of records from which a record to display/edit may be selected
New Button		presents a blank data entry screen for creating a new record
Save Button		saves all changes made to the currently displayed record
Delete Button		deletes the currently displayed record
Restore Button		restores the currently displayed record to the data last saved
Exit Button		closes the current screen and redisplay the previous screen

Date Fields

Date Fields



"T" or "t": Move to today's date in the calendar
"Enter": Accept current date and exit calendar
"Esc": Return to original date and exit calendar
Click on left arrow to move back one month
Click on right arrow to move ahead one month
Click on month to select a month
Click on year, then click on down arrow to go back one year
Click on year, then click on up arrow to forward one year
Click on today to go to today's date
Keyboard Hot Keys include:
Up-Arrow = Move back one week
Down-Arrow = Move forward one week
Left-Arrow = Move back one day
Right-Arrow = Move forward one day
Page-Up = Move back one month
Page-Down = Move forward one month
Ctrl+Page-Up = Move back one year
Ctrl+Page-Down = Move forward one year
Home = Move to beginning of month
End = Move to end of month



Explanation

When working with information regarding clients, employees, physicians, skills, plans of care, doctor orders, etc., the user interface uses the windows standard of data and list screens. The data screen will show you one record within a list of records (for instance one client within a list of clients). When you choose a screen from a menu, the data screen will display the last record you were looking at. If it is the first time you have entered the screen, the fields on the screen may be disabled because no record is current. For instance, the first time the Client menu option is chosen, the following screen appears:

SAM > Melbourne : GUEST - Edit Client

File Administration Schedule AR Configuration Maintenance Login SamIoGo Reports Help

Client Profile Client Skills & Codes (Self-Pay) Client Attributes Client Ancillary Info Client Race

Readmit Payers Visits Pay Rates Bill Rates Auth

VITALS Client #: Entry Date: / /

Client Type: Client Name: Address: Zip Code: Office

Affiliation: Status: Phones 1: 2: 3: 4:

Birth Date: Sex: Male Female SSN: Tax Territory: CSR: Comment: Referral

SELF-PAY BILLING INFO


Name: Address: Zip Code: Payer Class: Payer Program: (None) Service Location:

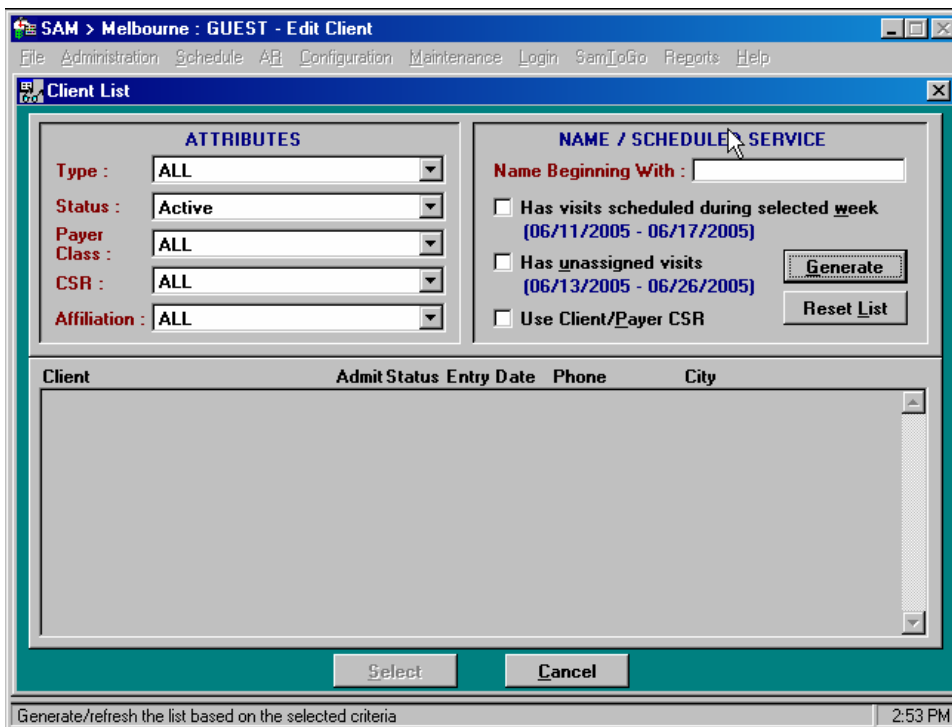
Billing Frequency **Supervisory Visit Freq** **Differentials**

Weekly 0 0.00 (Holiday)
Bi-Weekly Days 0.00 (OT)
Monthly Weeks 0.00 (Dbl)
Months \$0.00 (Weekend per hour)

Tax Exempt ID: Show Times Bill Notes:

Display list screen to find desired client 2:50 PM

You choose a client by using the Find  button. This will cause the client list screen to appear:



The screenshot shows a software window titled "SAM > Melbourne : GUEST - Edit Client". The window has a menu bar with options: File, Administration, Schedule, AB, Configuration, Maintenance, Login, SamToGo, Reports, and Help. Below the menu bar is a tab labeled "Client List". The main area is divided into two panels. The left panel, titled "ATTRIBUTES", contains five dropdown menus: "Type" (set to ALL), "Status" (set to Active), "Payer Class" (set to ALL), "CSR" (set to ALL), and "Affiliation" (set to ALL). The right panel, titled "NAME / SCHEDULE SERVICE", contains a text field "Name Beginning With :", a checkbox "Has visits scheduled during selected week (06/11/2005 - 06/17/2005)", a checkbox "Has unassigned visits (06/13/2005 - 06/26/2005)", and a checkbox "Use Client/Payer CSR". There are "Generate" and "Reset List" buttons in the right panel. Below these panels is a table with columns: "Client", "Admit Status", "Entry Date", "Phone", and "City". The table is currently empty. At the bottom of the window are "Select" and "Cancel" buttons. A status bar at the very bottom shows "Generate/refresh the list based on the selected criteria" and the time "2:53 PM".

You create a list of clients by filling out the selection criteria fields and clicking the Generate button. You find a client quickly by clicking on any client row and then typing the first few letters of the client's last name. You select a client by double-clicking on the client's row or by clicking on the client's row and then clicking the Select button. This will cause the client screen to appear displaying information about the client you have chosen:

SAM > Melbourne : GUEST - Edit Client

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Client Profile Client Skills & Codes (Self-Pay) Client Attributes Client Ancillary Info Client Race

Readmit Payers Visits Pay Rates Bill Rates Auth

VITALS Client #: 000305-01 Entry Date: 03/25/1999

Client Type: **Client**

Client Name: Marjorie Atwood

Address: 591 Memorial Drive

Zip Code: 32905

Melbourne, FL / Brevard 32905

Affiliation: Staffing

Status: Active

Phones: 1: (800) 593-8805 2: () - 3: () - 4: () -

Birth Date: / / Sex: ☐ Male ☐ Female

SSN: - - Tax Territory:

CSR: BILL

Comment:

Referral:

SELF-PAY BILLING INFO

Name: VOC Adult Day Care

Address: 591 Memorial Drive

Zip Code: 32905

Melbourne, FL / 32905

Payer Class: Private Pay

Payer Program: (None)

Service Location: Home

Billing Frequency ☒ Weekly ☐ Bi-Weekly ☐ Monthly

Supervisory Visit Freq ☐ Days ☐ Weeks ☐ Months


Differentials 1.50 (Holiday) 1.50 (OT) 2.00 (Dbl) \$0.00 (Weekend per hour)


Tax Exempt ID:

Bill Notes:

GUE 06/13/2005 02:54 PM

Select the client type 2:54 PM

Use the navigation  buttons to quickly move to other clients in the list.

To create a new client record, click the **New**  button. The client screen will clear and will be ready for you to add a new client:

SAM > Melbourne : GUEST - Add Client

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Client Profile Client Skills & Codes (Self-Pay) Client Attributes Client Ancillary Info Client Race

Readmit Payers Visits Pay Rates Bill Rates Auth

VITALS Client #: Entry Date: 06/13/2005

Client Type: **Patient**

Client Name:

Address:

Zip Code:

Affiliation: (None)

Status: Incomplete

Phones: 1: () - 2: () - 3: () - 4: () -

Birth Date: / / Sex: ☐ Male ☐ Female

SSN: - - Tax Territory:

CSR: GUEST

Comment:

Referral:

SELF-PAY BILLING INFO

Name:

Address:

Zip Code:

Payer Class: Private Pay

Payer Program: Private Pay

Service Location: Home

Billing Frequency ☒ Weekly ☐ Bi-Weekly ☐ Monthly





Supervisory Visit Freq ☐ Days ☐ Weeks ☐ Months

Differentials 1.50 (Holiday) 1.50 (OT) 2.00 (Dbl) \$0.00 (Weekend per hour)

Tax Exempt ID:

Bill Notes:

Select the client type 2:55 PM

After you have changed or added client information, click the **Save**  button to save your work. If you have mistyped information, click the **Restore**  button to restore the currently displayed record to the data last saved. To delete the record you are looking at, click the **Delete**  button. To exit the screen, click the **Exit**  button.

Defining Payers

To access the **Payer** screen, select menu option Administration | Payers.

The Edit Payer screen contains tabs for pages of related information. The pages on the Edit Payer screen are **Payer Profile**, **Payer Requirements**, **Payer Skills & Codes** and **Payer Calendar**. The Profile page is the first page displayed upon entry to the Edit Payer screen.

SAM > Melbourne : GUEST - Edit Payer

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Payer Profile | **Payer Requirements** | **Payer Skills & Codes** | **Payer Calendar**

Pay Rates | **Bill Rates**

VITALS Payer # : 7102

Payer Name : Blue Cross Blue Shield of Florida

☒ **National Payer** ☐ **Do Not Use**

Provider Rep : W. Representative

Provider ID : 120213

Address : Attn: Provider Claims
PO Box 9197

Zip Code : 32905-9197

Melbourne, FL / 32905

Update Client-Payer Addresses

Phones 1 : (111) 111-1111 **Extension :**

2 : () - - **FAX :** () - -

Contact : **Sales Rep :**

Pay Rate Source : ☒ **Service Skill** ☐ **Employee Skill**

Comment :

BILLING / CLINICAL REQUIREMENTS

Payer Class : Insurance

Payer Program : (None)

Submitter ID :

ECS Style : No Electronic Interface

Bill Type : 331 ☒ **15 Min Units**

Mask : ☐ **Show Times**

Bill Site : ☐ **Front Office** ☒ **Back Office**

Billing Frequency **Supervisory Visit Freq** **Differentials**

☒ **Weekly** 14 1.00 (Holiday)

☐ **Bi-Weekly** ☒ **Days** 1.00 (Overtime)

☐ **Monthly** ☐ **Weeks** 2.00 (Double)

☐ **Calendar** ☐ **Months** 0.00 (Weekend)

Invoice Terms : Net Due Upon Receipt

Bill Notes :

QUE 06/13/2005 03:02 PM

Enter the payer name 3:02 PM

Profile Page

The Profile page is used to enter general information about a payer.

- On the **Edit Payer** screen, click the **New** button on the toolbar to add a new payer.

Vitals Section

- Enter the name of the payer in the **Payer Name** field.
- If you no longer want to see the payer in payer pull-downs or list, select **Do Not Use**. This will remove the payer from all lists, effectively hiding it from you in the future. This is handy if you have incorrectly entered a payer but have closed visits belonging to it. Marking a payer as “Do Not Use” will also mark the following records as related to this payer as “Do Not Use”:
 - All Payer Skills and Code
 - All Client/Payer relationships
 - All Client/Payer Skills and Codes

All Schedule Orders

- When this system was first installed in your office, an office was designated as the “Administrative” office. When you add a new payer in the “Administrative” office, by default, it will be saved as a “National Payer.” If it has been saved as a “National Payer” the payer will be added to all offices (including the pay and bill rates.) Skills & Codes are copied to the front office only if the skill/pay unit/bill unit combination does not already exist in the front office(s). Subsequently, if you modify any data on the National Payer in the “Administrative” office, only the data that matched before the modification are modified in the other offices. The exception to this is Pay and Bill Rates and Skills and Codes. Only new Pay and Bill rates and/or new Skills and Codes will be copied to the other offices, no modifications will be saved to the other offices. You cannot change a “National Payer” back to a local payer, so be careful when adding a payer as a “National Payer.”
- National Payers may not be edited or deleted while logged into a front office database.
- Enter the **Provider Representative** in your office for this payer. This name will appear on UB92 Claims in Locator 85, on HCFA 1500 claims on FL 31 and Massachusetts #9 claim on FL 38.
- Enter the **Provider ID** that applies to this payer.
- Enter the payer’s address in the **Address** fields. The first address line is for street address or PO Box numbers. The second line is for apartment or suite numbers, etc. If a street address is long and will not fit in line one, it’s okay to overlap it on line two (avoid splitting a word in half when you use two lines for the address, if you can, because it is printed with a space where the split occurs).
- Enter a **Zip Code**. If you do not know the entire zip code, you must enter at least the first three digits. After you enter the zip code, a list of cities with the given zip code appears in the combo box below the zip code.
- Select the correct city from the combo box under the **Zip Code** field. Use up or down arrows on the keyboard to find the city; or click the down arrow on the combo box to display the list of cities, and then click the city.
- If you are changing the Payer’s address and would like ALL client/payer associations for this payer to be changed also (for ALL Offices), press the **Update Client-Payer Addresses** button.
- Enter the payer’s telephone number(s) in the **Phone 1 & (or) Phone 2** field.
- Enter a telephone extension number in the **Extension** field, if needed.
- Enter a FAX number in the **FAX** field if you have this information. This FAX number will also print on the Invoice Aging report.
- Enter the name of a contact person at the payer’s office in the **Contact** field.
- Enter the initials of the person at your office responsible for acquiring a contract with this payer in the **Sales Rep** field.
- Choose the **Pay Rate Source** for this payer:

Service Skill—if service skill is selected, pay rates for the employee is calculated based on the skill assigned to the visit.

Employee Skill—if employee skill is selected, pay rates for the employee is calculated based on the skill of the employee.

- Enter any comments about this payer in the **Comment** field

Billing / Clinical Requirements Section

- Select a payer class from the **Payer Class** combo box.
- Select a payer program from the **Payer Program** combo box.
- Enter the unique id to a claim submitter that the payer provides in the **Submitter ID** field.
- Select the **ECS Style** (Electronic Claims Submission Style) if you will be sending electronic transmissions of your claims to your payer. This field tells SAM how to create an electronic claims file for the payer.
- Enter the **Bill Type Mask** to determine what is printed on the UB92 Locator 4 Type of Bill field.
 - If the first character of the Bill Mask field is not numeric, the system will place a “3” in the first character of the Bill Field. If it is numeric, the numeric value is what will be placed in the first character of the Bill Field.
 - If the second character of the Bill Mask field is not numeric, the system will place a “2” in the second character of the Bill Field. If it is numeric, the numeric value is what will be placed in the second character of the Bill Field.
 - If the third character of the Bill Mask field is not numeric, the following applies. If it is numeric, the numeric value is what will be placed in the third character of the Bill Field.
 - 1 - If patient is admitted and discharged during the period of the claim
 - 2 - If patient is admitted during the period of the claim
 - 3 - If patient is continuing service
 - 4 - If patient is discharged during the period of the claim

Note: For Medicare PPS Claims, the third character is “2” for RAPs and “9” for EOE.

- The Payer’s Bill Mask’s 3rd character will also determine what is placed in the UB92 claim status field (locator 22.) If it is not numeric, the patient’s status will be used. If it is numeric, the numeric value is what will be placed in the status field on the UB92 claim.
- Check the **15 Min Units** checkbox if the payer wants hourly work broken into 15-minute units.
- If you want the individual start and end times of visits to appear on invoices, click the **Show Times** check box.
- Choose the **Bill Site** for this payer:

Front Office—if a payer is billed at the front office, claims may only be edited at the front office.

Back Office—if a payer is billed at the back office, claims may only be edited at the back office.

Note that national payers may only be billed at the back office.

- Choose the **Billing Frequency** options:

Weekly	Invoicing for this payer will occur for this payer at the end of each week.
Bi-Weekly	Invoicing for this payer will occur for this payer at the end of each two weeks.
Monthly	Invoicing for this payer will occur for this payer at the end of each month.
Calendar	If a payer is not billed weekly, billing periods must be defined for the payer, which determine when invoicing should occur.

Note that when **Weekly, Bi-Weekly or Monthly** is selected, the Calendar tab is disabled; and when **Calendar** is selected; the Calendar tab is enabled to allow you to enter billing periods.

We recommend when adding new Medicare Payers that you set their Billing Frequency equal to “Calendar” and enter only one billing period on the Calendar screen. SAM will then allow billing of Medicare PPS at any time. We also recommend that the Bill Rates for “ANY” skill is input as a 0 (zero) bill rate. SAM will automatically calculate the episode payment based on the OASIS Assessment.

- Enter the required frequency of supervisory visits in the **Supervisory Visit Freq** field. This is entered as one visit every [required number] of days, weeks, or months.
- The **Differentials** fields define the custom bill rate differentials for this payer. Typically, the default values are used; but for special payers, you may want to pay your employees more or less based on the differential. *The Weekend differential is a dollar amount, not a multiplier.*
- The **Invoice Terms** field shows up on invoices for this payer. Generally, this reads simply, “Net Due Upon Receipt”.
- The **Bill Notes** field is used to customize how a bill is created for this payer. You only need to populate this field if directed by RiverSoft.
 - You can direct SAM to place “D9” in occurrence code 1 of a UB92 claim for those patients who are 65 years of age or older by putting the following in the Payer’s bill notes field: “:65D9”.
 - By default, SAM populates the “Remit To” address on UB92 and HCFA 1500 claims to the SAM office’s “lock box address.” You can now direct SAM to populate these fields using the SAM offices “office address” by typing in the following in the payer’s “bill notes” field: “:REMITTOOFFICE”

Click the **Requirements** tab to go to the next page.

Requirements Page

The screenshot shows a web application window titled "SAM > Melbourne : GUEST - Edit Payer". The window has a menu bar with "File", "Administration", "Schedule AB", "Configuration", "Maintenance", "Login", "SamIoGo", "Reports", and "Help". Below the menu bar are four tabs: "Payer Profile", "Payer Requirements" (which is selected), "Payer Skills & Codes", and "Payer Calendar". The main content area is titled "Blue Cross Blue Shield of Florida" and contains a section titled "PAYER REQUIREMENTS". This section has the following options:

- Claim Type**
 - ☐ No Claim
 - ☒ UB92 Claim
 - Locator 6**
 - ☒ Billing Period
 - ☐ Service Dates
 - ☐ HCFA 1500 Claim
 - Locator 24G**
 - ☐ 0 Decimals
 - ☐ 2 Decimals
- ☒ Signed Plan of Care (and billable visit)
- ☒ Summarize Supplies

The Requirements page is used to define the payer's billing requirements.

- For Claim requirements, select one of the following:
 - **UB92 required**—Used for payers that require UB92 claims.
 - Selecting Billing Period will show billing period dates in locator 6.
 - Selecting Service Dates will show the span of service dates for the work items on the claim locator 6
 - **HCFA 1500 required**—Used for payers that require HCFA 1500 claims.
 - Selecting 0 Decimals will report 0 decimal places for the work item units.
 - Selecting 2 Decimals will attempt to report 2 decimals for the work item units. The space for work units is very small, and if the unit is greater than or equal to 10, only 1 decimal place will be printed.
- **Signed Plan of Care (and billable visit)** – If this is turned “on” and if the payer is “Medicare”, SAM will not create a EOE if it finds that the Plan of Care or Verbal Orders during the certification period do not have a date in the “received signed” field. In addition, if a billable visit is not found during the certification period, the RAP will not be created. Also, when creating initial RAPs (60%), the RAP will not be created if the first billable visit does not occur on the certification begin date.
- If the payer requires that Supplies be summarized to one line on the claim, click on the **Summarize Supplies** option.

Note that when creating claims for a client, the requirements set on a Client/Payer relationship will take precedence over the requirements set on the payer.

Click the **Skills and Codes** tab to go to the next page.

Skills and Codes Page

The Skills and Codes page is used to define:

1. Valid **skills/sub-skill** (that the payer will pay for services.) A valid skill must be added on the Skills and Codes Page in order to add Pay/Bill rates for the skill on the payer.
2. For each of those skills
 - a. The **Pay** and **Bill Unit**. (Hours or Visits)
 - b. The **Revenue Codes** and **HCPC Codes** to be printed on a UB92 billing claim (if applicable.) These can be different by shift (1, 2, and 3) or by day (Mon, Tues, etc.)
 - c. The **HCPC Codes** and **Modifiers** to be printed on a HCFA 1500 billing claim (if applicable.) These can be different by shift (1, 2, and 3) or by day (Mon, Tues, etc.)

SAM > Melbourne : GUEST - Edit Payer

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Payer Profile **Payer Requirements** **Payer Skills & Codes** **Payer Calendar**

Blue Cross Blue Shield of Florida

☐ Do Not Use

Skill/Sub-Skill	Units	Pay-Bill	Rev Code1	HCPCS1	Modifier1	DNU
HHA	H	H				
MSW	V	V				
OT	V	V				
PT	V	V				
RN/OASIS	V	V				
RN/Supervisory	V	V				
SN *	V	V				

Skill/Sub-Skill : **HHA** Pay Unit : **Hour** Bill Unit : **Hour**

Rev Codes : Mon Tue Wed Thu Fri Sat Sun

1							
2							
3							

HCPCS Codes :

1							
2							
3							

Modifiers :

1							
2							
3							

3:14 PM

Note that when a claim is created, if service codes have not been defined, the following will be used as the default:

Visit	Hour	Skill	Skill	Rev Code
0571	0572	HHA	Home Health Aide	G0156
0551	0552	RN	Registered Nurse	G0154
0551	0552	LPN	Licensed Practioner Nurse	G0154
0551	0552	LVN	Licensed Vocational Nurse	G0154
0561	0562	MSW	Social Worker	G0155
0431	0432	OT	Occupational Therapist	G0152
0571	0572	PCA	Personal Care Assistant	
0421	0422	PT	Physical Therapist	G0151
0441	0442	ST	Speech Therapist	G0153

- To add a new skill, click **Add** button.
 - For each Skill, input the **Pay Unit** and **Bill Unit**. (Hours or Visits)
 - For each Skill, enter the **Revenue Codes** and **HCPC Codes** to be printed on a UB92 billing claim (if applicable.) These can be different by shift (1, 2, and 3) or by day (Mon, Tues, etc.)
 - For each Skill, enter the **HCPC Codes** and **Modifiers** to be printed on a HCFA 1500 billing claim (if applicable.) These can be different by shift (1, 2, and 3) or by day (Mon, Tues, etc.)
 - Once you have entered the information for the skill, click the **Update List** button to add it to the list.
- If the skill is no longer valid, you may remove the skill or mark it as “Do Not Use.” Removing the skill will remove the Revenue Codes, HCPC codes and Modifiers, so if you still need these for billing we would recommend that you mark the skill as “Do Not Use” until you no longer need the codes and then remove the skill. To remove a skill, select the skill and click the **Remove** button. To mark a skill as “Do Not Use”, select the skill and click the “**Do Not Use**” check box.
- If you modify Revenue Code(s), HCPC Code(s) or Modifier(s) on a payer, SAM will automatically update any client/payer relationships for that payer with the updated codes. However, only those codes on the client/payer relationship that match the payer’s codes before the update are changed.

This information will be used as the default when you add Client/Payer relationships skill and codes, but it may be overwritten for each Client/Payer relationship.

After you have added the Payer and input all of the valid skills and the appropriate information for each skill, you will be ready to associate Clients with Payers.

SAM offers two special types of Skill Categories “SN” and “SN Staffing” (Skilled Nursing). If you add a valid skill of “SN”, you may assign a RN, a LPN or a LVN type of skill to a visit. If you add a valid skill of “SN Staffing”, you may assign a RN Staffing or LPN Staffing type skill to a visit. The Skill Category “SN” is delivered with your software; if you wish to have the Skill Category “SN Staffing”, please contact your software representative.

When creating invoice, if you have a “SN” skill identified on the client/payer Skills & Codes screen, but the codes are blank, the system will search for the skill on the visit (RN, LPN, etc.) for the appropriate codes.

If you have selected the “Billing Frequency” to be “Calendar” on the Payer Profile, click the **Calendar** tab to go to the next page.

Changing Revenue Code, HCPC Codes or Modifiers for a Payer

- If the payer is a national payer, make the modifications to the Revenue Code(s), HCPC Code(s) or Modifier(s) on the payer in each office. **Do not remove the skill** and re add it, this will cause the skill to be marked as “Do Not Use” for all of the client/payer relationships which in turn can delete all compliance rules for that skill.
- If you modify Revenue Code(s), HCPC Code(s) or Modifier(s) on a payer, SAM will automatically update any client/payer relationships for that payer with the updated codes. However, only those codes on the client/payer relationship that match the payer’s codes before the update are changed.

Calendar Page

The Calendar page is used to define billing periods for payers that are not billed on a weekly, bi-weekly or monthly basis. The Calendar page is enabled only if the Bill Calendar option on the Billing/Clinical Requirements Section on the Payer Profile Page is selected.

The screenshot shows a web application window titled "SAM > Melbourne : GUEST - Edit Payer". The window has a menu bar with "File", "Administration", "Schedule", "AR", "Configuration", "Maintenance", "Login", "SamToGo", "Reports", and "Help". Below the menu bar are four tabs: "Payer Profile", "Payer Requirements", "Payer Skills & Codes", and "Payer Calendar". The "Payer Calendar" tab is selected. The main content area is titled "Blue Cross Blue Shield of Florida". It contains two sections: "BILLING PERIOD" and "PAYER BILLING PERIODS". The "BILLING PERIOD" section has "Begin Date" and "End Date" fields, both set to "03/01/2005" and "03/31/2005" respectively. There are "Add >>", "Remove", and "Remove All" buttons. The "PAYER BILLING PERIODS" section is a list box containing two entries: "01/01/2005 - 01/31/2005" and "02/01/2005 - 02/28/2005". The status bar at the bottom says "Enter beginning date for billing period" and "3:22 PM".

Billing Period Section

- Enter the begin date for a billing period.
- Enter the end date for a billing period.
- Click the **Add >>** button to add the billing period to the **Payer Billing Periods** list.

Payer Billing Periods Section

- Click a billing period then click the **Remove** button to delete it from the **Payer Billing Periods** list.
 - Click the **Remove All** button to delete all billing periods from the **Payer Billing Periods** list.

Note that billing periods cannot overlap. Also note that if a payer is not billed weekly, bi-weekly or monthly and no billing periods are defined, no invoices will be created for the payer.

- Click the **Profile** tab to go back to the first page.
- Click the **Save** button to save your data.
- Click the **Pay Rates** button to add custom pay rates for this payer. (See section, **Defining Pay Rates and Bill Rates.**)

- Click the **Bill Rates** button to add custom bill rates for this payer. (See section, **Defining Pay Rates and Bill Rates**.)

Defining Clients

To access the **Client** screen, select menu option Administration | Clients.

The Edit Client screen contains tabs for pages of related information. The pages on the Edit Client screen are **Client Profile**, **Client Skills & Codes (Self-Pay)**, **Client Attributes**, **Client Ancillary Info** and **Client Race**. The Client Profile page is the first page displayed upon entry to the Edit Client screen.

Client Profile

The Client Profile page is used to enter general information about a client.



- On the **Edit Client** screen, click the **New** button on the toolbar to add a new client.

Vitals Section

- Select one of the client types from the **Client Type** combo box:
 - Client**—an individual for which clinical information is NOT required. For example, someone who will receive flu shots, specimen analysis, etc.
 - Patient**—an individual for which clinical information is required. To define clinical information on a client, they must be defined as a “Patient.”
 - Facility**—an organization to which employees are sent to work on a temporary basis, such as, hospitals or other health care providers.

- Enter the client's name in the **Client Name** fields. For a **Client Type** of "Client" and "Patient", enter their first name, middle initial and last name. For "Facility" **Client Type**, enter the name of the facility.
- Enter the client's address in the **Address** fields. The first address line is for street address or PO Box numbers. The second line is for apartment or suite numbers, etc. If a street address is long and will not fit in line one, it's okay to overlap it on line two (avoid splitting a word in half when you use two lines for the address, if you can, because it is printed with a space where the split occurs).
- Enter a **Zip Code**. If you do not know the entire zip code, you must enter at least the first three digits. After you enter the zip code, a list of cities with the given zip code appears in the combo box below the zip code.
- Select the correct city from the combo box under the **Zip Code** field. Use up or down arrows on the keyboard to find the city; or click the down arrow on the combo box to display the list of cities, and then click the city.
- If needed, select an affiliation from the **Affiliation** combo box.

The affiliation attribute is used as an aid to employee/client matching. Clients and employees may be assigned to locations. It is beneficial to assign employees to clients that are within the same location to reduce travel time and cost. Locations are defined per office and are usually geographically based. Client and employee list and dispatch reports as well as sales reports are available by affiliation. This lets you "sub-divide" your office into different sections.

- The **Status** combo box works as follows for each client type:
 1. **Patient**— the **Status** combo box shows "Incomplete" when adding a client with a **Client Type** of "Patient" and is disabled. The status for a "Patient" can only be changed using the **Edit Patient Status** screen via the Administration | Clinical Information menu option.
 2. **Client or Facility** — after you have entered and saved the preliminary information for the client or facility the "**Edit Status**" button will become enabled. When adding a new client or facility, SAM will automatically add an "Active" status on the **Edit Client Status** screen. If you wish to add a new status for the client or facility, the available statuses are Active, Hold, and Inactive. As a client or facility's status changes within the agency, you can add the status and status date to the **Edit Client Status** screen, keeping a history of their status in the agency.
 - Click the **New**  button on the toolbar to add a new client or facility's status.
 - Select the appropriate status from the **Status** combo box.
 - Once you have selected a status, enter a date in the **Status Date** field.
 - Click the **Save**  button on the toolbar to save the new status.
 - The list on the **Edit Client Status** screen now displays a row with the Date column containing the status and date that you entered.
 - You will use this screen to enter any client or facility statuses in order to keep a history of all client or facility status.

Edit Client Status


Client : Client # **000305-01**

Date	Status	Reason
03/25/1999	Active	Client Status (not Patient Status)
01/18/2006	Inactive	Client Status (not Patient Status)

Status : Status Date :

Comment :

GUE 01/18/2006 09:18 AM

- Click the **Exit**  button on the toolbar to exit the **Edit Client Status** screen.
- If you wish to remove a status from the **Edit Client Status** screen, click on the status you wish to remove then click the **Delete** button.

Vitals Section (continued)

- Enter the client's telephone number(s) in the **Phone #(s)** field(s).
- Enter the client's **Birth Date**.
- Enter the client's **Sex**.
- Enter client **SSN**.
- Enter client's **Tax Territory**. This field is only used at installations using the ACCPAC (SBT) payroll accounting package. This is a set of withholdings that you configure in SBT. Normally only used if the payroll withholding for work done for this client is different than normal withholding for employee.
- Select the appropriate **CSR** for this client. The Client List may be narrowed down to just those clients with a specific CSR assigned when scheduling visits.
- The **Comments** field is used to describe attributes about a client. These comments will appear on the bottom of the schedule when viewing visits for this client.
- If the client was referred, select the desired referral source by clicking the **Referral** button. When the **Referral List** screen appears, click one of the list items and then click the **Select** button; or simply double click one of the list items. If the referral source does not appear in your list click the **Cancel** button. The selected referral source will be displayed in the **Referral** field. If you would like to "clear" the current referral selection, click the **Clear Selection** button. (You may enter new referral sources to be displayed in the **Referral List** using the **Referral Sources** option on the **Administration** menu to display the **Edit Referral Sources** screen.)

Self-Pay Billing Info Section

- The billing fields are used for addressing Self-Pay invoices. If the billing name and address is the same as the client's name and address click the **Same** button to automatically fill the billing fields. Otherwise, enter the name, address, zip code, and city to where invoices should be mailed.
- Select the appropriate Payer Class to be assigned to this client for any Self-Pay billing, from the **Payer Class** combo box.
- Select the appropriate Payer Program to be assigned to this client for any Self-Pay billing, from the Payer **Program** combo box.
- Select the appropriate service location from the **Service Location** combo box. This is the location where a client was treated, or a service was rendered.
- Choose the **Billing Frequency** options:

Weekly	Invoicing for this client, for self-pay services will occur at the end of each week.
Bi-Weekly	Invoicing for this client, for self-pay services will occur at the end of each two weeks.
Monthly	Invoicing for this client, for self-pay services will occur at the end of each month.

- The **Supervisory Visit Frequency** should be entered if the client pays for their own services and supervised visits are required. If supervisory visits are scheduled, the Census (Episode) report will tell you when the last and next supervisory visit for all clients.
- The **Differentials** fields define the custom employee pay rate differentials for this client. Typically, the default values are used; but for special clients, you may want to pay your employees more or less.
- The **Tax Exempt ID** field is only enabled when adding a client with a **Client Type** of "Facility".
- If you want the individual start and end times of visits to appear on invoices, click the **Show Times** check box.
- The **Bill Notes** field is used to customize how a bill is created for this client. You only need to populate this field if directed by RiverSoft.

Click the **Skills & Codes** tab to go to the next page.

Client Skills and Codes

The Skills and Codes page is used for “Self-Pay” (private pay, facilities, etc.) to define:

1. Valid **skills/sub-skills** (that the self-pay client will pay for services.) A valid skill must be added on the Skills and Codes Page in order to add Pay/Bill rates for the skill on the client.
2. For each of those skills
 - a. The **Pay** and **Bill Unit**. (Hours or Visits)
 - b. The **Revenue Codes** and **HCPC Codes** to be printed on a UB92 billing claim (if applicable.) These can be different by shift (1, 2, and 3) or by day (Mon, Tues, etc.)
 - c. The **HCPC Codes** and **Modifiers** to be printed on a HCFA 1500 billing claim (if applicable.) These can be different by shift (1, 2, and 3) or by day (Mon, Tues, etc.)

SAM > Melbourne : GUEST - Edit Client

File Administration Schedule AE Configuration Maintenance Login SamIoGo Reports Help

Client Profile **Client Skills & Codes (Self Pay)** Client Attributes Client Ancillary Info Client Race

Marjorie Atwood

☐ Do Not Use

Skill/Sub-Skill	Units Pay-Bill	Rev Code1	HCPCS1	Modifier1	DNU
<div>Add Remove Update List Cancel</div>					

Skill/Sub-Skill : Pay Unit : Bill Unit :

Rev Codes : Mon Tue Wed Thu Fri Sat Sun

1

2

3

HCPCS Codes :

1

2

3

Modifiers :

1

2

3

3:45 PM

- To add a new skill click **Add** button.
 - For each Skill, input the **Pay Unit** and **Bill Unit**. (Hours or Visits)
 - For each Skill, enter the **Revenue Codes** and **HCPC Codes** to be printed on a UB92 billing claim (if applicable.) These can be different by shift (1, 2, and 3) or by day (Mon, Tues, etc.)
 - For each Skill, enter the **HCPC Codes** and **Modifiers** to be printed on a HCFA 1500 billing claim (if applicable.) These can be different by shift (1, 2, and 3) or by day (Mon, Tues, etc.)
 - Once you have entered the information for the skill, click the **Update List** button to add it to the list.
- If the skill is no longer valid, you may remove the skill or mark it as “Do Not Use.” Removing the skill will remove the Revenue Codes, HCPC codes and Modifiers, so if

you still need these for billing we would recommend that you mark the skill as “Do Not Use” until you no longer need the codes and then remove the skill. To remove a skill, select the skill and click the **Remove** button. To mark a skill as “Do Not Use”, select the skill and click the “**Do Not Use**” check box.

- The system offers two special types of Skill Categories “SN” and “SN Staffing” (Skilled Nursing). If you add a valid skill of “SN”, you may assign a RN, a LPN or a LVN type of skill to a visit. If you add a valid skill of “SN Staffing”, you may assign a RN Staffing or LPN Staffing type skill to a visit. The Skill Category “SN” is delivered with your software; if you wish to have the Skill Category “SN Staffing”, please contact your software representative.

Click the **Attributes** tab to go to the next page.

Client Attributes Page

The Attributes page is used to help in the assignment of employees to a client that has specific needs. These attributes are used in the employee matching function of Scheduling when assigning an employee to a visit. Generally, it is not necessary to define skills and attributes to clients; but some cases do need them. These attributes are also used to fill in the PHC and CBA formats of the Timesheet report.

The screenshot shows the 'Schedule Manager' application window with the title bar 'Schedule Manager > Melbourne : GUEST - Edit Client'. The menu bar includes 'File', 'Schedule', 'Administration', 'Payroll', 'System', and 'Help'. The 'Client Attributes' tab is selected, showing the client's name 'Marjorie Atwood' in purple. Below the name, there are two main sections: 'ATTRIBUTES' on the left and 'WANT EMPLOYEES THAT CAN/ARE' on the right. The 'ATTRIBUTES' section contains a list of attributes, with 'Able to Lift Over 150 Lbs.' selected. The 'WANT EMPLOYEES THAT CAN/ARE' section is currently empty. Between these two sections are four buttons: 'Add >>', 'Reverse', 'Remove', and 'Remove All'. At the bottom of the window, a status bar reads 'Master list of attributes - double-click or 'Add' to add entry to client list' on the left and '10:31 AM' on the right.

Attributes Section

- Click any attribute in the list, then click the bottom **Add >>** button next to the list to add it to the **Want Employees That Can/Are** selection list.

Want Employees That Can/Are Section

- When an attribute is selected in this section, you may click the **Reverse** button to alternately add/remove a NOT qualifier to the attribute. Such as, “Spanish Speaking,” or “NOT Spanish Speaking.”
- When a skill or attribute is selected in this section, you may click the **Remove** button to delete it from the list.
- You may click the **Remove All** button to remove all skills and attributes from the list.

Click the **Ancillary Info** tab to go to the next page.

Client Ancillary Info

The Ancillary Info page is used to define miscellaneous information about the client.

The screenshot shows a web application window titled "SAM > Melbourne : GUEST - Edit Client". The window has a menu bar with options: File, Administration, Schedule, AB, Configuration, Maintenance, Login, SamToGo, Reports, and Help. Below the menu bar are five tabs: Client Profile, Client Skills & Codes (Self-Pay), Client Attributes, Client Ancillary Info (which is selected), and Client Race. The main content area is titled "Marjorie Atwood" and "ANCILLARY INFORMATION". It contains two columns of form fields. The left column includes: Nickname (text box), Contact Name (text box), Contact Rel (text box), Contact Phone (text box with a hyphen), Next of Kin (NoK) (text box), NoK Address (text box), Zip Code (text box with a hyphen), Back Office Case Mgr (text box), and Billing Case Mgr (text box). The right column includes: Marital Status (dropdown menu with (None) selected), Employment Status (dropdown menu with (None) selected), Accident (dropdown menu with (None) selected), Injury Date (text box with slashes), Auto Insurance State (text box), Disaster Code (text box), and Non-Scheduling Comments (text area). At the bottom of the window, there is a status bar with the text "Enter name client prefers" and a clock showing "3:48 PM".

All fields on this page are optional.

- Select a marital status from the **Marital Status** combo box.
- Select an employment status from the **Employment Status** combo box.

- Select an accident type from the **Accident** combo box if appropriate. If a patient's "Accident" field has been set, SAM fills in the UB92 occurrence code as follows (along with the injury date.)
 - Auto Accident = 01
 - Employment = 04
 - Other = 05
- If an accident type is selected, enter the date of injury in the **Injury Date** field.
- If an accident type of "Automobile" is selected, enter the state code for client's automobile insurance in the **Auto Insurance State** field.

Client Race

The Client Race page is used to define the race of the client. This is an optional entry.

Note: you may select more than one race.

- Click the **Client Profile** tab to return to the first page.
- Click the **Save** button to save your data.
- Click the **Readmit** button to create a new admission for a client. This button is only enabled for a client who's current **Status** is "Discharged" or "Non Admitted". (See section, **Readmitting a Client**)

- Click the **Payers** button to add payer sets for this client. Payer sets associate a client to a payer for visits, plans of care, invoices, and claims. (See section, **Defining Client Payer Sets**.)
- Click the **Visits** button to view a history of visits scheduled for this client. (See section, **Viewing Client Visit History**)
- Click the **Pay Rates** button to add custom pay rates for this client. Generally, custom pay rates per client are not needed; however, in special cases, they are. (See section, **Defining Pay Rates and Bill Rates**.)
- Click the **Bill Rates** button to add custom bill rates for this client. Generally, custom bill rates per client are not needed; however, in special cases, they are. (See section, **Defining Pay Rates and Bill Rates**.)
- Click the **Auth** button to add insurance authorizations (compliance rules) for the client (for self-pay only.) (See section, **Insurance Authorization**.) This button will only be enabled if skills have been added on the Client Skills & Codes (Self-Pay) screen.

Readmitting a Client

A client with a status of “Discharged” may be readmitted into an organization using the **Readmit** button on the **Edit Client** screen.

To access the **Client** screen, select menu option Administration | Clients.

- The **Edit Client** screen is displayed.
- Use the **Find** button to display the **Client List** screen.
- Select the discharged or non-admitted client to be readmitted.
- Once the details of the client are displayed on the Profile page of the **Edit Client** screen, the **Readmit** button becomes enabled.
- Click the **Readmit** button.
- The **Edit Client** screen will be refreshed as if the **New** button has been clicked, and a copy of All of the client’s information is displayed.

Notice: The beginning of the **Client #** will remain the same, but the last two characters after the dash will increment. These last two digits are the client’s **Admit #** which is also displayed on the **Client List** screen. The Admit # will begin with an “A” if the patient is readmitted in the back office. Also note that the **Status** combo box now contains “Active” if the **Client Type** is “Client” or “Incomplete” if the **Client Type** is “Patient”.

- Change any information on the **Edit Client** screen as necessary and then click the **Save** button.
- The client has now been readmitted. This new client record should be selected from this time on when dealing with this client.

Viewing Client Visit History

A client Visit History List may be generated using the **Visit History Criteria** screen. This list is very useful to view all or a subset of visits scheduled for a client.

To access the **Client** screen, select menu option Administration | Clients.

- The **Edit Client** screen is displayed.
- Click the **Visits** button.
- The **Visit History Criteria** screen is displayed.

The screenshot shows the 'SAM > Melbourne: GUEST - Edit Client' window. The 'Visits' tab is selected, and the 'Visit History Criteria' dialog box is open. The dialog box has two main sections: 'All Employees' (selected) and 'Select Employee'. The 'All Employees' section has a 'Generate' button. The 'Select Employee' section has a 'Select' button and a list of employees, with 'Margaret Aldrich' selected. Below these sections are 'Date Range' and 'Status' fields. The 'Date Range' field has two date pickers. The 'Status' field has a dropdown menu set to 'ANY'. At the bottom of the dialog box are 'Generate' and 'Exit' buttons. The background window shows client information for Client # 000701-01, including name, address, and contact information. The 'Differentials' section on the right lists rates for Holiday, OT, Dbl, and Weekend per hour. The status bar at the bottom indicates 'WFS 08/08/2002 08:34 AM' and '4:12 PM'.

- By default, visits for the current client and all employees will be displayed. You can choose one specific employee by clicking the **Select Employee** option and clicking the **Select** button. This will cause the **Employee List** screen to be displayed. Selecting an employee from this list will cause the **Visit History Criteria** screen to be redisplayed with the selected employee displayed.
- You can choose to view visits for all orders associated with the client or you can select one specific order from the **Orders** combo box.
- Optionally, you can enter in the range of service dates for the visit history you wish to see in the **Date Range** fields.
- You can choose to look at visits of only a certain status by selecting it in the **Status** combo box.
- Click the **Generate** button to view the list of visits.

- The **Visit History List** screen is displayed containing all the client's visits that meet the selected criteria. You can order the list by date, client, or employee by clicking on those corresponding sort options.

Visit History List

Visit Count : 97

Employee	Client	Date	Skill	Status	Has Adjustment
Kennedy	Aldrich	07/12/1999	SN-RN	Cancelled - Office	
Kennedy	Aldrich	07/12/1999	SN-RN	Cancelled - Client	
Kennedy	Aldrich	07/12/1999	SN-RN	Cancelled - Client	
Kennedy	Aldrich	07/12/1999	SN-RN	Cancelled - Office	
Kennedy	Aldrich	07/12/1999	SN-RN	Cancelled - Client	
Kennedy	Aldrich	07/12/1999	SN-RN	Cancelled - Office	
Kennedy	Aldrich	07/12/1999	SN-RN	Cancelled - Office	
Kennedy	Aldrich	07/12/1999	SN-RN	Cancelled - Client	
Kennedy	Aldrich	07/12/1999	SN-RN	Cancelled - Client	
Kennedy	Aldrich	07/12/1999	SN-RN	Closed	
Kennedy	Aldrich	07/13/1999	SN-RN	Cancelled - Office	
Kennedy	Aldrich	07/13/1999	SN-RN	Cancelled - Office	

ORDER LIST BY : ☒ Date ☐ Client ☐ Employee

Print List View Exit

Referral Bill Notes : WFS 08/08/2002 08:34 AM


Select the Visit to view 4:14 PM

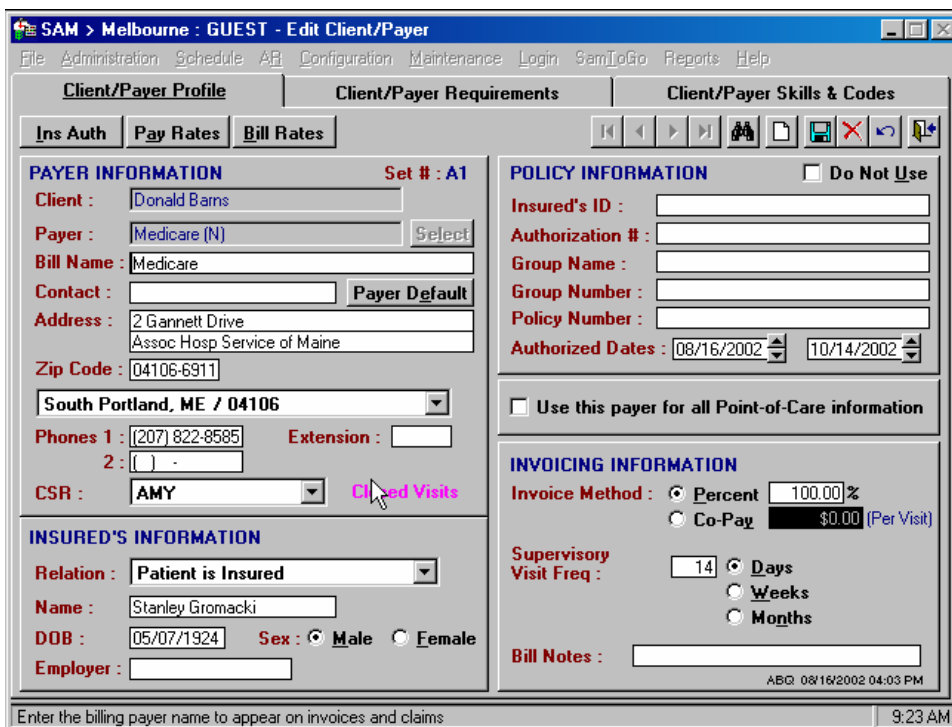
- For each visit, the employee, client, date, skill, and status of the visit are shown.
- Click the **Print List** button to send a copy of the Visit History List to the printer.
- To view more information about a particular visit, double-click the visit or select the visit and then click the **View** button.
- The **Visit Summary** screen is displayed containing details of the visit.

Defining Client Payer Sets (Client/Payer Relationships)


Defining payer sets for a client sets up the association of a client to payers for visits, plans of care, invoices, and claims. Payer sets are defined for a client using the **Edit Client/Payer** screen.

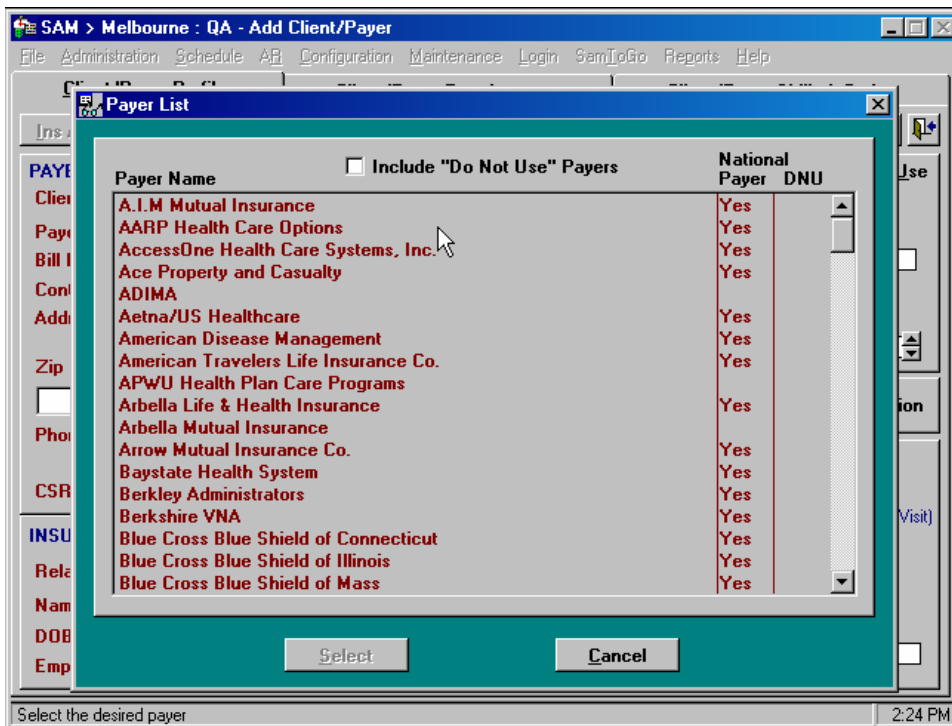
To access the **Client/Payer** screen, select menu option Administration | Clients.

- Click the  button to find the client.
- Click the **Payers** button.
- The **Edit Client/Payer** screen is displayed.



Adding a New Payer Set

- Click the  button.
- Click the **Select** button next to the **Payer** field.
- The **Payer List** screen is displayed.



- Click the name of the payer you want to add.
- Click the **Select** button.
- The Add Client/Payer screen is displayed.

Payer Information Section

- You may enter a “**Bill Name**” for each client/payer relationship. The **Bill Name** field may be used to change the name of the payer, which appears on invoices and claims for that specific client.
- Confirm that the payer’s **Contact** field is correct. This should be the name of a person at the insurance company.
- Confirm that the payer’s **Address** fields are correct
- Confirm that the payer’s **Zip Code** and **City** fields are correct
- Confirm that the payer’s **Phone #’s** and **Extension** fields are correct.
- You may assign a different **CSR** to a specific Client/Payer relationship than what was assigned to the client.

Generally, the default information that is provided in the fields of the **Payer Information** section should NOT be changed. Some clients, however, have special cases where some fields need to be changed (such as **Contact**, **Address**, etc.). If the default information is simply wrong, the data should be corrected on the **Edit Payer** screen (See section, **Defining Payers**). Otherwise, you will have to change it here every time the payer is added to a payer set.

- If you have made modifications to the payer information on this screen and would like to replace it with the default information for the payer, click the **Payer Default** button. This will set the payer information back to the information that was defined for the payer.

Insured's Information Section

- Confirm that the insured's **Relation** field is correct.
- Confirm that the insured's **Name** field is correct.
- Confirm that the insured's **DOB** (Date of Birth) field is correct.
- Confirm that the insured's **Sex** field is correct.
- Confirm that the insured's **Employer** field is correct.

Policy Information Section

- If the payer is not to be used anymore for the client, click on the **Do Not Use** check box. Marking this client/payer relationship as "Do Not Use" will also mark the skills and codes and schedule orders for this client/payer relationship as "Do Not Use."
- Enter the **Insured's ID** of the insured party. This field is set to upper case automatically.
- Enter the **Authorization #** given by the insurance company, if required. This field is set to upper case automatically.
- Enter the **Group Name** of the insurance policy, if there is one.
- Enter the **Group Number** of the insurance policy, if there is one. This field is set to upper case automatically.
- Enter the **Policy Number** of the insurance policy. This field is set to upper case automatically.
- Enter the **Authorized Dates** of the insurance policy. Changing the Payer Authorization end date on a client/payer relationship may only be done if the date is after any verified or closed visits.

It is important that these fields are completed as much as possible. Many of these fields appear on claims that are submitted to insurance companies.

The **Insured's ID** is used to fill in Locator 1 (Patient's HI Claim No) on a HCFA 485 when the client has a plan of care.

The **Authorized Dates** information is used to determine if the visit (paid by this payer) for a client are in-compliance (see section on **Compliance Checking**).

- Click on "Use this payer for all Point-of-Care information", if this is the single payer that should be used for any clinical information or visits that may be imported by a Point-of-Care system that is interfacing with SAM.


Invoicing Information Section

- Select an invoice method:

Percent—if the insurance policy pays a percentage of the cost of service; select this invoice method and enter the percentage that the insurance company pays (may be as much as 100%).

Co-Pay—if the insurance policy requires that the client co-pay a portion of the cost of visits, select this invoice method and enter the dollar amount per visit the client is to co-pay.

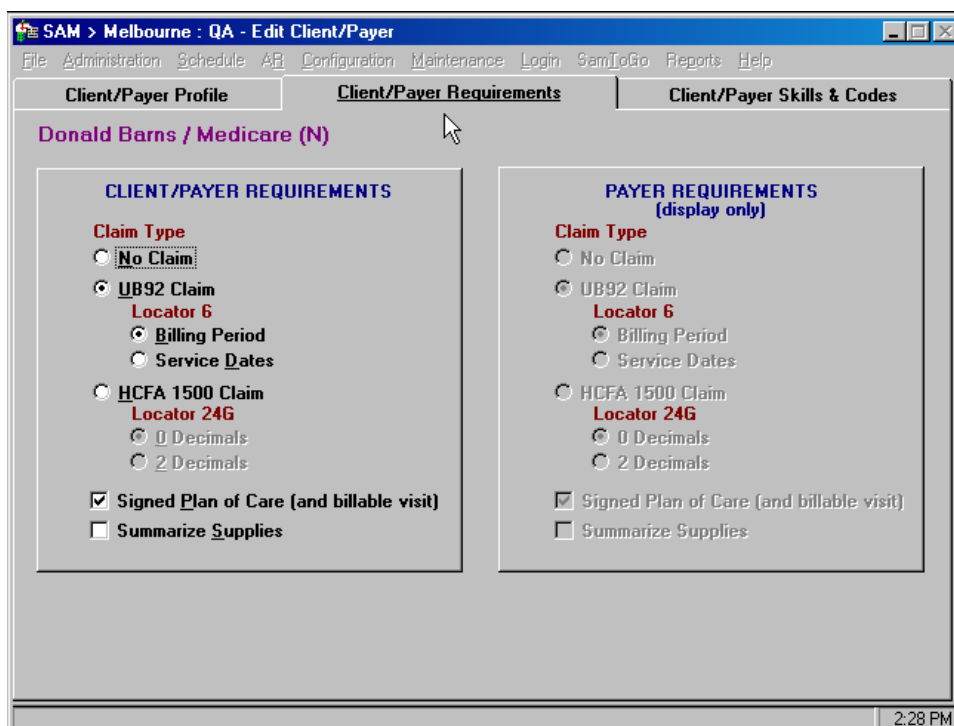
- Enter the frequency of supervisory visits for this client in the **Supervisory Visit Freq** field. The payer's default value is displayed.

- The **Bill Notes** field is used to customize how a bill is created for this client/payer relationship. You only need to populate this field if directed by RiverSoft.
- Click the  button to save the new client/payer relationship.

Adding Client-Payer Requirements

Client-Payer requirements are used to override the payer's default billing requirements. Certain clients may have different billing requirements than that is normal for this payer. Normally, the payer's default requirements are sufficient.

- Click the **Client/Payer Requirements** tab on the **Edit Client/Payer** screen to override the payer's default requirements. The **Client/Payer Requirement** screen is displayed.



The screenshot shows the 'Edit Client/Payer' window for 'Donald Barns / Medicare (N)'. The 'Client/Payer Requirements' tab is active. The window is divided into two main sections for requirements, both of which are identical in this view.

CLIENT/PAYER REQUIREMENTS

- Claim Type**
 - ☐ No Claim
 - ☒ UB92 Claim
 - Locator 6**
 - ☒ Billing Period
 - ☐ Service Dates
 - ☐ HCFA 1500 Claim
 - Locator 24G**
 - ☒ 0 Decimals
 - ☐ 2 Decimals
- ☒ Signed Plan of Care (and billable visit)
- ☐ Summarize Supplies

PAYER REQUIREMENTS (display only)

- Claim Type**
 - ☐ No Claim
 - ☒ UB92 Claim
 - Locator 6**
 - ☒ Billing Period
 - ☐ Service Dates
 - ☐ HCFA 1500 Claim
 - Locator 24G**
 - ☒ 0 Decimals
 - ☐ 2 Decimals
- ☒ Signed Plan of Care (and billable visit)
- ☐ Summarize Supplies

Requirements List Section

This section lists the available billing requirements that may be assigned to an invoice:

The Requirements page is used to define the client/payer's billing requirements.

- For Claim requirements, select one of the following:
 - **UB92 required**—Used for payers that require UB92 claims.
 - Selecting Billing Period will show billing period dates in locator 6.
 - Selecting Service Dates will show the span of service dates for the work items on the claim locator 6
 - **HCFA 1500 required**—Used for payers that require HCFA 1500 claims.

- Selecting 0 Decimals will report 0 decimal places for the work item units.
- Selecting 2 Decimals will attempt to report 2 decimals for the work item units. The space for work units is very small, and if the unit is greater than or equal to 10, only 1 decimal place will be printed.
- **Signed Plan of Care (and billable visit)** – If this is turned “on” and if the payer is “Medicare”, The system will not create a EOE if it finds that the Plan of Care or Verbal Orders during the certification period do not have a date in the “received signed” field. In addition, if a billable visit is not found during the certification period, the RAP will not be created.
- If the payer requires that Supplies be summarized to one line on the claim, click on the **Summarize Supplies** option.

The right side of the screen displays what has been defined for the Payer.

Adding Client-Payer Requirements Skills and Codes

The Skills and Codes page is used to select from the Skills added to the Payer, those that may have services scheduled for this particular client. **No visits may be scheduled for the client until valid skills have been identified.**

A valid skill must be added on the Skills and Codes Page in order to add Pay/Bill rates for the skill on the client-payer relationship.

In addition, if the Revenue Codes, HCPC Codes or Modifiers are different for this client than what has been entered for the payer, they may be entered on this screen.

SAM > Melbourne : QA - Edit Client/Payer

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Client/Payer Profile Client/Payer Requirements Client/Payer Skills & Codes

Donald Barns / Medicare (N)

☐ Do Not Use

Skill/Sub-Skill	Units Pay-Bill	Rev Code1	HCPCS1	Modifier1	DNU
RN/OASIS	V V				
SN *	V V				

Add Remove Update List Cancel

Skill/Sub-Skill (Pay Unit/Bill Unit) : RN/OASIS (Visit/Visit)

Rev Codes : Mon	Tue	Wed	Thu	Fri	Sat	Sun
1						
2						
3						

HCPCS Codes :

1						
2						
3						

Modifiers :

1						
2						
3						

2:29 PM

- To add a new skill click **Add** button.
 - Select from the **Skill/Sub-Skill** (Pay Unit/Bill Unit) pick list (entered for the Payer) those that are valid for this client/payer relationship.
 - For each Skill, (if different from the Payer) enter the **Revenue Codes** and **HCPC Codes** to be printed on a UB92 billing claim (if applicable.) These can be different by shift (1, 2, and 3) or by day (Mon, Tues, etc.)
 - For each Skill, (if different from the Payer) enter the **HCPC Codes** and **Modifiers** to be printed on a HCFA 1500 billing claim (if applicable.) These can be different by shift (1, 2, and 3) or by day (Mon, Tues, etc.)
 - Once you have entered the information for the skill, click the **Update List** button to add it to the list.
- If the skill is no longer valid, you may remove the skill or mark it as “Do Not Use.” Removing the skill will remove the Revenue Codes, HCPC codes and Modifiers, so if you still need these for billing we would recommend that you mark the skill as “Do Not Use” until you no longer need the codes and then remove the skill. To remove a skill, select the skill and click the **Remove** button. To mark a skill as “Do Not Use”, select the skill and click the **“Do Not Use”** check box.
- The system offers two special types of Skill Categories “SN” and “SN Staffing” (Skilled Nursing). If you add a valid skill of “SN”, you may assign a RN, a LPN or a LVN type of skill to a visit. If you add a valid skill of “SN Staffing”, you may assign a RN Staffing or LPN Staffing type skill to a visit. The Skill Category “SN” is delivered with your software; if you wish to have the Skill Category “SN Staffing”, please contact your software representative.

- When creating invoice, if you have a “SN” skill identified on the client/payer Skills & Codes screen, but the codes are blank, the system will search for the skill on the visit (RN, LPN, etc.) for the appropriate codes.

Defining Client Insurance Authorization Compliance Rules

An insurance authorization type of compliance rule can be entered when an insurance company wants to define what care and services are covered in the insurance policy of the client, such as, dictating the skill and frequency of visits; and you want to perform compliance checking against the insurance authorization.

To access the **Insurance Authorization Compliance Rule** screen, select menu option Administration | Clients, click the **Payer** button and click the **Ins Auth** button.

Note: Any compliance rule that is older than 1 year (based on the end date of the rule) will be purged nightly by default. If you wish to modify this default time-frame, add the following line to your n:\sam.ini file (where # is the number of months back to keep compliance rules):
Ini_Comp_Rules_Purge_Month,#

The **Edit Compliance Rule** screen may be displayed in one of two ways:

1. If you are building compliance rules for Self-Pay clients (including facilities), select menu option Administration | Clients, click the **Auth** button. The Auth button will only be enabled if you have entered valid skills for the client on the Client Skills and Codes (Self-Pay) screen because compliance rules may only be added for valid skills.
 2. If you are building compliance rules for Client/Payer relationships (not Self-Pay), select menu option Administration | Clients, click the **Payer** button and click the **Ins Auth** button. The Ins Auth button will only be enabled if you have entered valid skills for the client on the Client/Payer Skills and Codes screen because compliance rules may only be added for valid skills.
- The **Edit Compliance Rule** screen is displayed.

SAM > Melbourne : GUEST - Edit Client/Payer

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Edit Compliance Rule

CLIENT INFORMATION Client # : 002499-A2

Client : Andrew Benson

Payer : ConnectiCare (N)

Payer Set Dates : 08/29/2002-10/27/2002

COMPLIANCE RULE

Rule Type : Insurance Authorization

Auth # : 66556

Skill/Subskill : SN *

Frequency : Min 1.00 to Max 1.00
A Day

Duration : for 43

Interval : every 0


Start Date : 08/30/2002

End Date : 10/11/2002

MAC 10/02/2002 04:23 PM

9:24 AM

COMPLIANCE RULE COMMENT

- Click the  button, to add a new insurance authorization.
- Notice that the **Rule Type** defaults to “Insurance Authorization.”
- Enter an **Authorization Number** if applicable. This Authorization Number will be printed on the UB92 claim and may be optionally printed on the visit report.
- Select the **Skill/Subskill** for the Insurance Authorization from the list. This list of Skill/Subskills is derived from the valid skills you have entered either on the Client Skills and Codes (Self-Pay) or the Client/Payer Skills and Codes screens. Compliance rules may only be entered for valid skills.
- Enter the minimum and maximum number of hours or visits defined in the insurance authorization.
- Click the visit type option: **Hours** or **Visits**.
- Specify a frequency for the number of hours or visits from the combo box: “A Day”, “A Week”, “A Month”, or “As Needed.”
- Enter the duration as a number of days, weeks, or months.
- Click the duration type: “Days”, “Weeks”, or “Months”.
- If appropriate, enter the **Interval** as a number of days, weeks or months.
- Enter the **Start Date** and **End Date** of the insurance authorization.
- Click the **Save** button.
- If the new compliance rule overlaps an existing Insurance Authorization compliance rule, the **Overlapping Compliance Rules** screen will be displayed.

SAM > Melbourne : QA - Edit Client/Payer

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Overlapping Compliance Rules

Your new rule overlaps existing rules. You may add the rule with overlaps, or adjust the dates of the existing rules and replace them with the new rule.

Rule List if Addition Button is selected

Compliance Rule	Dates	Status
SN - 1V A Week/1 Months	08/30/2005 - 09/29/2005	New
SN - 1V A Day/43 Days	08/30/2005 - 10/11/2005	Overlap

<< Save New Rule as Addition to Existing Rules

Rule List if Replacement Button is selected

Compliance Rule	Dates	Status
SN - 1V A Week/1 Months	08/30/2005 - 09/29/2005	New
SN - 1V A Day/43 Days	09/30/2005 - 10/11/2005	Adjust

<< Save New Rule as Replacement for Existing Rules

Cancel Save

Save of the entered order will be cancelled 2:49 PM

If the new insurance authorization represents visits to be done in addition to what is already authorized, choose **Save New Rule as Addition to Existing Rules**. The system will save the rule as is. If the insurance authorization replaces what is currently authorized, choose **Save New Rule as Replacement for Existing Rules**. This will cause the system to adjust the dates on the current insurance authorization to end as the new rule begins.

For a complete discussion of compliance rules and compliance checking, see the Compliance Checking presentation located in the "n:/users manuals" folder of your server.

The compliance rule will be checked each time a change is made to the client's schedule. If a visit of the same client-payer-skill/sub-skill combination breaks any part of the rule, the visit will be given a status of out-of-compliance (displayed as black) due to insurance authorizations. If Out-of-compliant visits are verified and closed, they are still paid and billed.

For more on compliance checking, see the section on compliance checking in this manual.

Defining Pay Rates and Bill Rates

A hierarchy of pay and bill rates for visits are support.

When determining a pay rate for a visit, the system walks the hierarchy of pay rates beginning with Client/Employee rates per skill/sub-skill/shift down to default rates per skill/sub-skill/shift.

When determining a bill rate for a visit, the system walks the hierarchy of bill rates beginning with Client/Payer rates per skill/sub-skill/shift down to default rates per skill/sub-skill/shift.

The screenshot shows a window titled "How SAM Computes Pay and Bill Rates". At the top, a text box explains the search hierarchy: "At each level, a rate for the skill/sub-skill is searched for. If not found, rates for just the skill are searched for. If not found, the 'any' rate is used. If there is no 'any' rate, the next level of rates is searched." Below this, the window is divided into two main sections: "How SAM Computes a Visit's Pay Rate" and "How SAM Computes a Visit's Bill Rate". Each section contains two columns: "Self-Pay Visit" and "All Other Visits". The "Self-Pay Visit" column lists a hierarchy of checks: "Are there client/employee rates?", "Are there employee rates?", "Are there client rates?", and "Are there agency default rates?". If all are no, the rate is \$0.00. The "All Other Visits" column lists a hierarchy: "Are there client/employee rates?", "Are there employee/payer rates?", "Are there employee rates?", "Are there client/payer rates?", "Are there client rates?", "Are there payer rates?", and "Are there agency default rates?". If all are no, the rate is \$0.00. An "Exit" button is at the bottom.

How SAM Computes Pay and Bill Rates	
At each level, a rate for the skill/sub-skill is searched for. If not found, rates for just the skill are searched for. If not found, the "any" rate is used. If there is no "any" rate, the next level of rates is searched.	
How SAM Computes a Visit's Pay Rate	
Self-Pay Visit Are there client/employee rates? Are there employee rates? Are there client rates? Are there agency default rates? If all answers are no, rate is \$0.00	All Other Visits Are there client/employee rates? Are there employee/payer rates? Are there employee rates? Are there client/payer rates? Are there client rates? Are there payer rates? Are there agency default rates? If all answers are no, rate is \$0.00
How SAM Computes a Visit's Bill Rate	
Self-Pay Visit Are there client/employee rates? Are there client rates? Are there agency default rates? If all answers are no, rate is \$0.00	All Other Visits Are there client/payer rates? Are there payer rates? Are there agency default rates? If all answers are no, rate is \$0.00
Exit	

Defining a pay rate is similar to defining a bill rate. Therefore, we will only describe how to define a pay rate in this section. You may apply the same steps of defining a pay rate to defining a bill rate. The differences are that pay rates apply to employee/payer relationships and bill rates apply to client/payer relationships.

SAM > Melbourne : QA - Edit Employee

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Edit Pay Rates

Print List Copy Update Visits

Payer : <DEFAULT> Default Select Employee : Tanya Acevedo

Skill / Sub-Skill	Date	Daily Rates			Weekend Rates		
CNA	11/17/2001	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70	\$10.70
HHA	11/17/2001	\$10.30	\$10.30	\$10.30	\$11.00	\$11.00	\$11.00
NA	11/17/2001	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70	\$10.70

UNIT
☒ Hours
☐ Visits

VIEW
☐ All
☒ Current

ORDER BY
☐ Date
☒ Skill

BILL
☒ Invoice
☐ Reimb

Skill : CNA Effective Date : 11/17/2001

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Rates : 1)	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70
2)	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70
3)	\$10.00	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70	\$10.70


Update Remove

JM 11/16/2001 11:48 AM

Pay Rates for specified Employee / Payer / Bill Unit 11:00 AM

Pay rates are created and edited from the **Edit Pay Rates** screen. Depending on where in the system you called this screen (level of hierarchy), you may or may not be able to select the payer name. For the purposes of this description we will assume that you can.

Adding Pay Rates

- Select the payer that is associated with the pay rates you are going to define by clicking the **Select** button next to the **Payer** field; then select a payer from the **Payer List** form. Or, click the **Default** button next to the **Payer** field to default to all payers.
- Note that either an **Employee** field or a **Client** field is displayed next to the **Payer** field depending on where you are in the system and the name in the field may be "Default."
- Click the **Add Mode**  button to add a new rate.

SAM > Melbourne : QA - Edit Employee

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Add Pay Rates

Print List Copy Update Visits

Payer : <DEFAULT> Default Select Employee : Tanya Acevedo

Skill / Sub-Skill	Date	Daily Rates	Weekend Rates
CNA	11/17/2001	\$10.00,\$10.00,\$10.00	\$10.70,\$10.70,\$10.70
HHA	11/17/2001	\$10.30,\$10.30,\$10.30	\$11.00,\$11.00,\$11.00
HHA	07/22/2000	\$9.70,\$9.70,\$9.70	\$10.40,\$10.40,\$10.40
NA	11/17/2001	\$10.00,\$10.00,\$10.00	\$10.70,\$10.70,\$10.70
NA	07/22/2000	\$9.40,\$9.40,\$9.40	\$10.10,\$10.10,\$10.10

UNIT
☒ Hours
☐ Visits

VIEW
☐ All
☐ Current

ORDER BY
☐ Date
☒ Skill

BILL
☐ Invoice
☐ Reimb


Skill : Effective Date :

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1) Rates :	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Update Stop

JM 11/16/2001 11:48 AM

Select the skill/sub-skill that the rate(s) represent 11:01 AM

- Select the pay **UNIT** for the rate: **Hours** or **Visits**.
- Select a skill/sub-skill (or “Any”) from the **Skill** combo box. Only those skills that have been identified as “valid” on the Skills and Codes screen will be listed as a skill that may have a rate associated with it. This is the case for Client, Client/Payer Relationships and Payers.
- Enter the starting **Effective Date** of the new rate.
- Use the **Shifts and Rates** buttons to select the shifts to which the rate is applied. Then enter the rates per shift (including weekends).
- Click the **Update** button to add the new rate to the list.
- Continue to add rates until finished. When finished, click the **Stop** button to get out of add mode.
- Click the **Save**  button.

Deleting Pay Rates

- Select the payer that is associated with the pay rates you are going to delete by clicking the **Select** button next to the **Payer** field; then select a payer from the **Payer List** form. Or, click the **Default** button next to the **Payer** field to default to all payers.
- Note that either an **Employee** field or a **Client** field is displayed next to the **Payer** field depending on where you are in the system and the name in the field may be “Default.”
- Click the rate that you want to delete from the list.

SAM > Melbourne : QA - Edit Employee

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Edit Pay Rates

Print List Copy Update Visits

Payer : <DEFAULT> Default Select Employee : Tanya Acevedo

Skill / Sub-Skill	Date	Daily Rates	Weekend Rates
CNA	11/17/2001	\$10.00,\$10.00,\$10.00	\$10.70,\$10.70,\$10.70
HHA	11/17/2001	\$10.30,\$10.30,\$10.30	\$11.00,\$11.00,\$11.00
HHA	07/22/2000	\$9.70,\$9.70,\$9.70	\$10.40,\$10.40,\$10.40
NA	11/17/2001	\$10.00,\$10.00,\$10.00	\$10.70,\$10.70,\$10.70
NA	07/22/2000	\$9.40,\$9.40,\$9.40	\$10.10,\$10.10,\$10.10

UNIT
☒ Hours
☐ Visits

VIEW
☒ All
☐ Current

ORDER BY
☐ Date
☒ Skill

BILL
☒ Invoice
☐ Reimb


Skill : CNA Effective Date : 11/17/2001

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Rates : 1)	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70
2)	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70
3)	\$10.00	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70	\$10.70

Update Remove

JM 11/16/2001 11:48 AM

Pay Rates for specified Employee / Payer / Bill Unit 11:04 AM

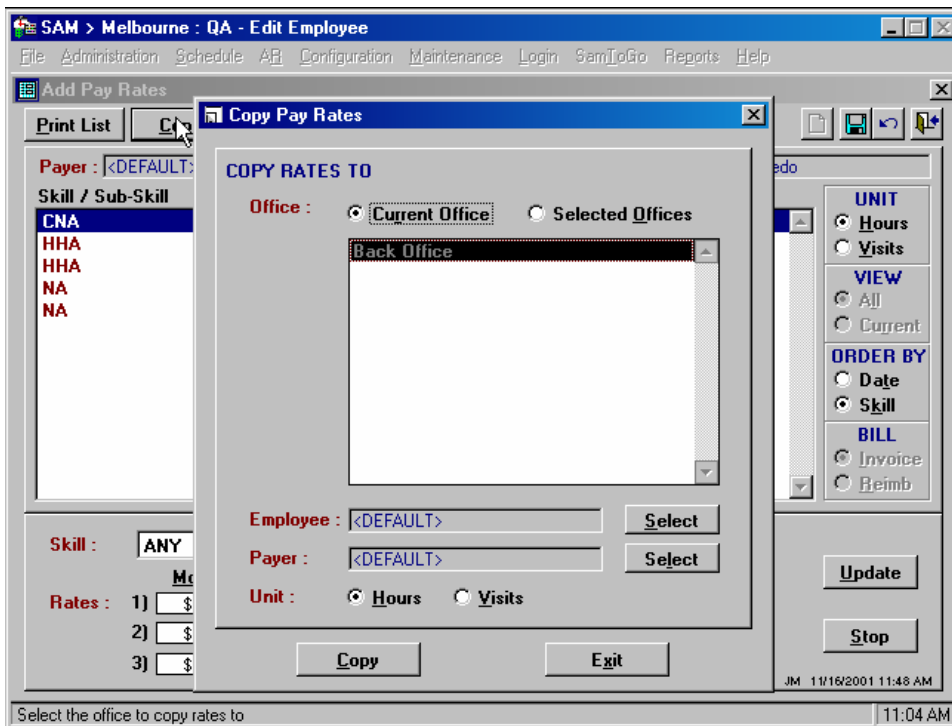
- Click the **Remove** button. Note that every rate for the selected skill and effective date is removed regardless of shift.
- Click the **Save**  button.

Printing Pay Rates

- Click the **Print List** button to print a list of the pay rates.

Copying Pay Rates

- Click the **Copy** button to copy rates to other offices, employees, etc.
- The **Copy Pay Rates** screen is displayed.



- Select the **Office** option “Current Office”. The front office cannot copy pay rates to other offices.
- Select the employee to which the rates are to be copied by clicking the **Select** button next to the **Employee** field. Select the employee from the **Employee List** screen.
- Select the payer to which the rates are to be copied by clicking the **Select** button next to the **Payer** field. Select the payer from the **Payer List** screen.
- Select which rates by pay unit you want to copy: **Hours** or **Visits**.
 - Click the **Copy** button.

Updating Visits

This feature should be used when you have been made a rate change and you would like to update all visits affected by the rate change or any other rate changes made since midnight last night.

It is important to remember to press the **Save**  button after your rate changes and before pressing the “Update Visits” button.

- Click the **Update Visits** Button

SAM > Melbourne : QA - Edit Employee

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Edit Pay Rates

Print List Copy Update Visits

Payer : <DEFAULT> Default Select Employee : Tanya Acevedo

Skill / Sub-Skill	Date	Daily Rates	Weekend Rates
CNA	11/17/2001	\$20.00,\$10.00,\$10.00	\$10.70,\$10.70,\$10.70
HHA	11/17/2001	\$10.30,\$10.30,\$10.30	\$11.00,\$11.00,\$11.00
HHA	07/22/2000	\$9.70,\$9.70,\$9.70	\$10.40,\$10.40,\$10.40
NA	11/17/2001		10.70
NA	07/22/2000		10.10

UNIT
☒ Hours
☐ Visits

VIEW
☒ All
☐ Current

ORDER BY
☐ Date
☒ Skill

BILL
☒ Invoice
☐ Reimb

Skill : CNA Effective Date : 11/17/2001

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Rates : 1)	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70
2)	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70
3)	\$10.00	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70	\$10.70

Update Remove

Update pay/bill rates on visits

Update Visit Rates

Update pay/bill rates for visits in office (0002) Melbourne affected by this change?

Note that changes to rates for the ANY skill, or deleted rates will not cause updates to visits.

Yes No

JM 11/16/2001 11:48 AM

11:06 AM

- Click the **Yes** button if you would like to update the rates or **No** if you would like to cancel.
- If you answer **Yes**, the system will scan all visits with the same skill and on or after the earliest effective date of any rate change made **today**. If the rate should be updated by the change that you have made, it will be updated. This process could take several minutes if there are a lot of visits to scan.
- A message will be displayed showing how many visits were “scanned”; this does not necessarily mean that they were all changed. Only those visits that should be changed by the rate changes will be changed.

Note that if you have modified a rate for an “ANY” skill or have deleted any rates, if you press the “Update Visits” button, no changes will be made to any visits.

Only visits occurring on or after the effective date on any rate modified today will be updated.

Only those visits that have the same skill (and any sub-skills for that skill) as any rate modified today will be updated.

Visits marked with override(s) will not be updated.

Closed visits are not changed.

Defining Bill Rates

This works exactly the same as defining payer rates with one exception. When entering a bill rate, type of invoice or reimbursement.

SAM > Melbourne : QA

File Administration Schedule AR Configuration Maintenance Login SamIoGo Reports Help

Edit Bill Rates

Print List Copy Update Visits

Payer : <DEFAULT> Client : <DEFAULT>

Skill / Sub-Skill	Date	Daily Rates	Weekend Rates
CCA	11/17/2001	\$15.50, \$15.50, \$15.50	\$15.50, \$15.50, \$15.50
CNA	11/17/2001	\$19.75, \$19.75, \$19.75	\$19.75, \$19.75, \$19.75
Companion	11/17/2001	\$14.25, \$14.25, \$14.25	\$14.25, \$14.25, \$14.25
FCW	01/01/1999	\$14.00, \$14.00, \$14.00	\$14.00, \$14.00, \$14.00
HHA	11/17/2001	\$24.90, \$24.90, \$24.90	\$24.90, \$24.90, \$24.90
LPN	01/06/2001	\$29.00, \$29.00, \$29.00	\$29.00, \$29.00, \$29.00
LPN/High Tech	11/17/2001	\$31.50, \$31.50, \$31.50	\$32.25, \$32.25, \$32.25
LPN/Pediatric	11/17/2001	\$31.50, \$31.50, \$31.50	\$32.25, \$32.25, \$32.25
NA	11/17/2001	\$19.75, \$19.75, \$19.75	\$19.75, \$19.75, \$19.75
RN	01/06/2001	\$35.00, \$35.00, \$35.00	\$35.00, \$35.00, \$35.00
RN/High Tech	01/06/2001	\$37.50, \$38.50, \$38.50	\$38.50, \$38.50, \$38.50
RN/Pediatrics	11/17/2001	\$37.50, \$37.50, \$37.50	\$38.50, \$38.50, \$38.50

UNIT: ☒ Hours ☐ Visits ☐ All

VIEW: ☐ All ☒ Current

ORDER BY: ☐ Date ☒ Skill ☐ BILL

BILL: ☒ Invoice ☐ Reimb

Skill : CCA Effective Date : 11/17/2001


	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Rates : 1)	\$15.5000	\$15.5000	\$15.5000	\$15.5000	\$15.5000	\$15.5000	\$15.5000
2)	\$15.5000	\$15.5000	\$15.5000	\$15.5000	\$15.5000	\$15.5000	\$15.5000
3)	\$15.5000	\$15.5000	\$15.5000	\$15.5000	\$15.5000	\$15.5000	\$15.5000

Update Remove

Bill Rates for specified Client / Payer / Bill Unit 11:09 AM

Invoices are created with the invoice bill rates. The **Print/Transmit** screen allows the creation of automatic contractual allowance adjustments for any invoice selected. In this way, the difference between what a payer is billed and what they actually are expected to pay can be accounted for and the Invoice Aging report reflects invoices at the reimbursement amount (via contractual allowance invoice adjustments.)

Deleting Clients

If you choose to delete a client click the **Delete**  button at the top right of the profile page. When deleting a client they cannot have an invoice, plan of care (clinical information), closed visits, closed supply items, closed service items, and/or closed pay items. The system will warn you before deleting a client if the client is associated with verified visits, verified supply items, verified service items, and/or verified pay items. When you request to delete a client, the system will delete the schedule order if there are no visits on the order.

Defining Employees

- To access the **Employee** screen, select menu option Administration | Employees.
- The **Edit Employee** screen is displayed.

SAM > Melbourne : GUEST - Edit Employee

File Administration Schedule AR Configuration Maintenance Login SamIoGo Reports Help

Emp Profile Emp Taxes Emp Skills/Attributes Emp Preferences/Bonuses Emp Photo

Tracking Availability Visits Pay Rates

VITALS Emp #: 000136

Employee Name: Tanya Acevedo

SSN: 124-53-6551

Address: 19 Foch Avenue

Zip Code: 01075

South Hadley, MA / Hampshire 01075

Affiliation: Hampshire County

Phones 1: (555) 538-8792 2: - 3: - 4: -

Sex: ☐ Male ☒ Female

Birth Date: 11/14

Status: Active Edit Status

Hired: 10/22/1990

Inactivated: / /

Email:

PAYROLL / BILLING

Employee Type: Field Employee

Federal ID: -

Primary Skill: HHA

License #'s: -

Check Handling: Blank

Max Hours: 40 ☐ Exempt from Overtime

Salaried Visits: 0

Merit Pay: \$0.00 per hour \$0.00 per visit

Weekend Differential: \$0.00 per hour \$0.00 per visit

MISCELLANEOUS ☐ Case Manager

Referral: -

Comment: ONLY HHA

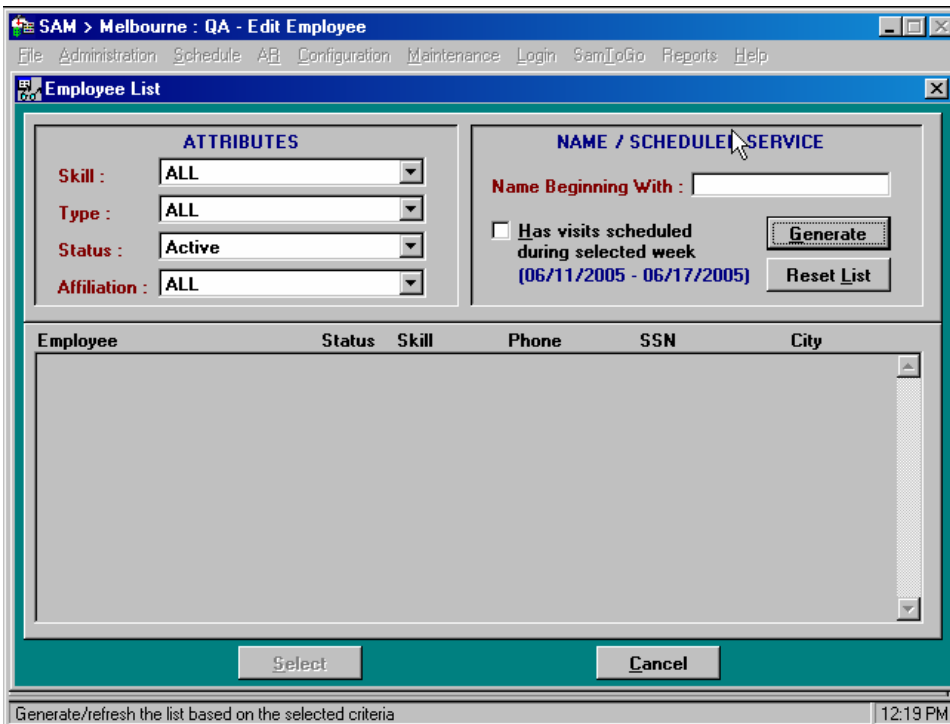
RM 06/26/2002 01:21 PM

Enter the employee's first name 9:45 AM

The **Edit Employee** screen contains tabs for pages of related information. The pages on the Edit Employee screen are **Employee Profile**, **Employee Taxes**, **Employee Skills/Attributes**, **Employee Preferences/Bonuses**, and **Emp Photo**. The Profile page is the first page displayed upon entry to the Edit Employee screen.

Finding an Employee

- Click the **Find**  button.
- The **Employee List** screen will be displayed.



The screenshot shows a web application window titled "SAM > Melbourne : QA - Edit Employee". The window has a menu bar with options: File, Administration, Schedule, AB, Configuration, Maintenance, Login, SamToGo, Reports, and Help. Below the menu bar is a tab labeled "Employee List". The main content area is divided into two sections. The left section, titled "ATTRIBUTES", contains four dropdown menus: "Skill" (set to ALL), "Type" (set to ALL), "Status" (set to Active), and "Affiliation" (set to ALL). The right section, titled "NAME / SCHEDULE / SERVICE", contains a text field for "Name Beginning With", a checkbox for "Has visits scheduled during selected week" (which is unchecked), and a date range "(06/11/2005 - 06/17/2005)". There are two buttons in this section: "Generate" and "Reset List". Below these sections is a large table with columns: Employee, Status, Skill, Phone, SSN, and City. The table is currently empty. At the bottom of the window are two buttons: "Select" and "Cancel". A status bar at the very bottom reads "Generate/refresh the list based on the selected criteria" and shows the time "12:19 PM".

- Select a **Skill** of the employee you want to see.
- Select the **Type** of employee you want to see.
- Select the **Status** of the employee you want to see.
- Select the **Affiliation** of the employee you want to see.
- If you wish to shorten the list, you can type in the first few characters of a last name in the **Name Beginning With** field.
- Also, to shorten the list, you can click on the option "**Has visits scheduled during selected week.**"
- Click the **Generate** button.

SAM > Melbourne : QA - Edit Employee

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Employee List

ATTRIBUTES

Skill : ALL

Type : ALL

Status : Active

Affiliation : ALL

NAME / SCHEDULED SERVICE

Name Beginning With :

☐ Has visits scheduled during selected week

(06/11/2005 - 06/17/2005)

Refresh

Reset List


Employee	Status	Skill	Phone	SSN	City
Acevedo, Tanya	A	HHA	(800)538-8792	124-53-1111	Melbourne
Alleyne, Francis E	A	HHA	(555)783-0033	127-49-1878	Springfield
Almy, Helen	A	CNA	(555)569-2509	124-69-9083	Southwick
Asselin, Nancy Y	A	HHA	(555)731-5707	255-81-7240	Springfield
Bailey, Jennifer	A	HHA	(555)733-5224	140-69-6813	West Springfield
Beaulieu, Nycole	A	RN	(555)267-3907	124-51-7739	Monson
Beck, Sonia J	A	MSW	(555)562-3924	142-61-4862	Westfield
Behrens, Kate	A	OT	(555)562-5114	541-94-2711	Westfield
Bennett, Valerie	A	PT	(555)786-5357	135-66-1061	Feeding Hills
Binsbacher, Pamela	A	PT	(555)596-9366	117-51-9352	Wilbraham
Black, Christine	A	RN	(555)789-3128	193-49-8009	Agawam
Blanchard, Kathryn A	A	RN	(555)256-4256	229-45-9073	Amherst

Select Cancel

Select Employee to process. Employee # - 000068 12:43 PM

- Select an employee from the generated list.
- The Edit Employee screen is redisplayed.

Adding an Employee

- On the **Edit Employee** screen, click the **New**  button on the toolbar to add a new employee.
- The **Add Employee** screen is displayed.



Profile Page

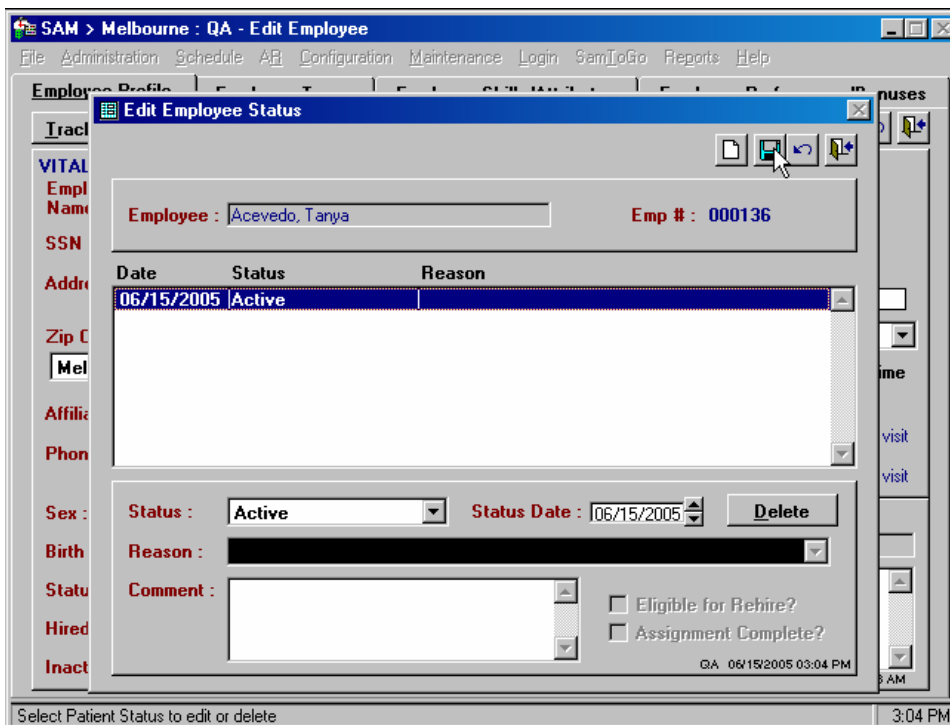
The Profile page is used to enter general information about an employee.

Vitals Section

- Enter the employee's first name, middle initial, and last name in the **Employee Name** fields.
- Enter the employee's Social Security Number in the **SSN** field.
- Enter the employee's address in the **Address** fields. The first address line is for street address or PO Box numbers. The second line is for apartment or suite numbers, etc. If a street address is long and will not fit in line one, its okay to overlap it on line two (avoid splitting a word in half when you use two lines for the address, if you can, because it is printed with a space where the split occurs).
- Enter a **Zip Code**. If you do not know the entire zip code, you must enter at least the first three digits. After you enter the zip code, a list of cities with the given zip code appears in the combo box below the zip code.
- Select the correct city from the combo box under the **Zip Code** field. Use up or down arrows on the keyboard to find the city; or click the down arrow on the combo box to display the list of cities, and then click the city.
- If needed, select a location from the **Affiliation** combo box.




The affiliation attribute is used as an aid to employee/client matching and selecting on some reports. Clients and employees may be assigned to affiliations. It is beneficial to assign employees to clients that are within the same affiliation to reduce travel time and cost. Affiliations are defined per office and are usually geographically based.

- Enter the employee's telephone number(s) in the **Phone #'s** fields.
- Select the employee's sex using the **Sex** option buttons.
- Enter the employee's **Birth Date**.
- After you have entered and saved the preliminary information for the employee the "**Edit Status**" button will become enabled. When adding a new employee, you must press the "**Edit Status**" button to add a status for the employee. To make the employee active you will press this button when it becomes enabled. The available statuses are Active, Applicant, Claim Pending, Do Not Use, Inactive, Not Hired, and Terminated. As an employee's status changes within the agency, you can add the status and status date to the employee status screen, keeping a history of their status in the agency.
- Click the **New**  button on the toolbar to add a new Employee status.
- The status will default to "Active" in the **Status** combo box. You may change this status to any of the following: Applicant, Claim Pending, Do Not Use, Inactive, Not Hired or Terminated,
- Once you have selected a status, enter a date in the **Status Date** field.
- The **Reason** field is only enabled for a status of "Terminated".
- Click the **Save**  button on the toolbar to save the new status.
- The list on the **Edit Employee Status** screen now displays a row with the Date column containing the status and date that you entered.
- You will use this screen to enter any employee statuses in order to keep a history of all employee status.



SAM > Melbourne : QA - Edit Employee

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Employee Profile **Edit Employee Status**   

Employee : Acevedo, Tanya Emp # : 000136

Date	Status	Reason
06/15/2005	Active	

Status : Active Status Date : 06/15/2005


Reason :

Comment :

☐ Eligible for Rehire?
☐ Assignment Complete?

QA 06/15/2005 03:04 PM

Select Patient Status to edit or delete 3:04 PM

- Click the **Exit**  button on the toolbar to exit the **Edit Employee Status** screen.

- If you wish to remove a status from the **Edit Employee Status** screen, click on the status you wish to remove then click the **Delete** button.
- Enter the employee's **Email address**.

Payroll / Billing Section

- Select one of the employee types from the **Employee Type** combo box:
 1. **Contractor**— if the worker is contracting with your home care agency to provide care, choose contractor.
 2. **Field Employee**— if the worker is paid for the service they provide and does not receive a base salary, choose field employee.
 3. **Staff Employee**— if the worker receives a salary, choose staff employee. Staff employees can also be paid by the visit – see the **Salaried Visits** field for an explanation.
- If the **Employee Type** is a “Contractor”, enter the federal ID of the worker’s company in the **Federal ID** field.
- Select the appropriate skill from the **Primary Skill** combo box.
- Enter the employee’s professional **Licenses #’s**. The first license number will appear on the invoice on each line item representing service performed for this employee.
- Select how the employee’s paycheck is to be sent to the employee from the **Check Handling** combo box.
- Enter the maximum number of hours the employee wants to work into the **Max Hours** field. Scheduling will use this information in the employee matching function.
- If the employee should not receive premium rates for working overtime, check the **Exempt from Overtime** check box.
- If the **Employee Type** is a “Staff Employee” (salaried) and the employee has agreed to perform a certain number of visits for their salary but visits over that number should be paid over and above their salary, enter the number of salaried visits into the **Salaried Visits** field. Make sure that the pay rate for the visits performed by the employee are at the rate they should receive if they were being paid over and above their salary. When the week is closed, the verified visits are automatically counted and the visits falling within the salaried quota are marked as “already paid” and are not counted in the week’s payroll. All visits for the employee over the salaried quota are counted and paid in the week’s payroll.
- If you want to pay the employee an amount more than the normal pay rates defined for your agency, enter the additional amount per hour and per visit in the **Merit Pay** fields. This is assuming you have created default pay rates at the skill level for you organization.
- If you want to pay the employee an amount more than the normal pay rates defined for your agency for the work they perform on the weekends, enter the additional amount per hour and per visit in the **Weekend Differentials** fields. This is assuming you have created default pay rates at the skill level for you organization.

Miscellaneous Section

- If the employee is a case manager, click the **Case Manager** check box. This will allow you to build a list of case managers from which you can choose when creating plans of care.

- If the employee was referred, select the desired referral source by clicking the **Referral** button. When the **Referral List** screen appears, click one of the list items and then click the **Select** button; or simply double click one of the list items. If the referral source does not appear in your list click the **Cancel** button. The selected referral source will be displayed in the **Referral** field. If you would like to “clear” the current referral selection, click the **Clear Selection** button. (You may enter new referral sources to be displayed in the **Referral List** using the **Referral Sources** option on the **Administration** menu to display the **Edit Referral Sources** screen.)
- The **Comments** field is used to describe scheduling and work habits associated with an employee. These comments will appear on the bottom of the schedule when viewing visits for this employee. Use this field to show information about the employee that effects how you schedule work for them. For instance, if an employee routinely misses morning appointments, you could enter “assign to visits later in the day” or “prefers live-in assignments.”
- Click the **Taxes** tab to go to the next page.

Taxes Page

SAM > Melbourne : QA - Edit Employee

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Employee Profile **Employee Taxes** Employee Skills/Attributes Employee Preferences/Bonuses

Tanya Acevedo

EXEMPT FROM WITHHOLDING <input type="checkbox"/> Federal Tax <input type="checkbox"/> State Tax <input type="checkbox"/> FICA <input type="checkbox"/> City Tax <input type="checkbox"/> Head Tax no longer exempt: <input type="text"/> / <input type="text"/> / <input type="text"/>		STATE Filing Status : <input type="text" value="No Withholding Status Require"/> # of Exemptions : <input type="text" value="0"/> resident <input type="text" value="0"/> non-resident Exempt Amount : <input type="text" value="\$0.00"/> Additional Amt : <input type="text" value="\$0.00"/> Additional % : <input type="text" value="0.00%"/> <small>(Will not go to SBT!)</small> <small>(Will not go to SBT!)</small>	
FEDERAL Filing Status : <input type="text" value="Married"/> EIC Status : <input type="text" value="Married"/> # of Exemptions : <input type="text" value="1"/> Additional Amt : <input type="text" value="\$0.00"/> Additional % : <input type="text" value="0.00%"/> <small>(Will not go to SBT!)</small> <small>(Will not go to SBT!)</small>		CITY Additional Amt : <input type="text" value="\$0.00"/> Additional % : <input type="text" value="0.00%"/> <small>(Will not go to SBT!)</small> <small>(Will not go to SBT!)</small> ADDITIONAL TAX INFO <small>(Will not go to SBT!)</small> <input type="text"/>	
MISCELLANEOUS <small>(Used to send payroll posting to external payroll system like ADP and Paychex.)</small> Payroll Dept : <input type="text"/> Payroll ID : <input type="text"/>			

Indicate whether the employee is exempt from federal tax withholding ☐ 2:57 PM

The **Taxes** page is used to record the information required to pay the employee. This information is available on the Employee Tax Withholding Report.

If you are using the ACCPAC SBT payroll accounting package, basic employee and tax withholding information, such as name, address, SSN, federal and state filing statuses, and

number of exemptions will automatically be exported into the SBT payroll system. Other withholding information must be entered directly into the SBT payroll system.

The Employee Tax Withholding Report should be run on a weekly basis so that changes may be entered into the payroll system.

Exempt from Withholding Section

- If the employee is exempt from tax withholding, you can record this information in this system so that it can be entered into the payroll system. Choose the type of tax from which the employee has been exempted. When you choose a type of tax, the information panel for that tax will become disabled.
- If your agency is in an area subject to head taxes, the “**no longer exempt**” date field will not be enabled. If your area has a head tax, use this field to record when an employee is no longer exempt.

Federal Section

- Select the employee’s **Filing Status**.
- Select the employee’s **EIC Status** (Earned Income Credit).
- Enter the number of federal exemptions the employee is claiming into the **# of Exemptions** field.
- If an additional amount is to be withheld per paycheck, enter the amount in the **Additional Amt** field.
- If an additional percentage is to be withheld per paycheck, enter the percentage in the **Additional %** field.

State Section

- Select the employee’s state **Filing Status**.
- Enter the employee’s resident and non-resident state **# of Exemptions**.
- Enter the amount that should be subtracted from the gross before the state withholding calculations are performed into the **Exempt Amount** field.
- If an additional amount is to be withheld per paycheck, enter the amount in the **Additional Amt** field.
- If an additional percentage is to be withheld per paycheck, enter the percentage in the **Additional %** field

City Section

- If an additional amount is to be withheld per paycheck, enter the amount in the **Additional Amt** field.
- If an additional percentage is to be withheld per paycheck, enter the percentage in the **Additional %** field

Additional Tax Section

- If the employee has any other taxes to be withheld like garnishments, enter the information here. This information will print on the Employee Tax Withholding Report.

Miscellaneous Section

- These fields are used for interfaces to payroll systems.
- Click the **Skills/Attributes** tab to go to the next page.

Skills/Attributes Page

The Skills/Attributes page is used to define skills and attributes that an employee has. These skills and attributes are used in the employee matching function of scheduling when assigning an employee to a visit.

The screenshot shows the 'SAM > Melbourne : QA - Edit Employee' window with the 'Employee Skills/Attributes' tab selected. The employee name 'Tanya Acevedo' is displayed at the top. The window is divided into three main sections: 'SKILLS & SUB-SKILLS', 'ATTRIBUTES', and 'EMPLOYEE SKILLS & ATTRIBUTES'. The 'SKILLS & SUB-SKILLS' section contains a list of skills including CCA, CNA, Companion, Dietician, DO NOT USE, FCW, and HHA. A checkbox labeled 'Primary Skills Only' is checked. The 'ATTRIBUTES' section contains a list of attributes including 'Able to Lift Over 150 Lbs.', 'Able to Transport', 'Able to Use Sign Language', 'Adverse to Cats/Dogs', 'Adverse to Smoking', 'Back Rubs', and 'Care of House Plants'. The 'EMPLOYEE SKILLS & ATTRIBUTES' section is a large list box currently containing 'CCA' and 'CNA'. Between the source lists and the destination list are buttons for 'Add >>', 'Remove', and 'Remove All'. A status bar at the bottom reads 'Master list of skills / sub-skills - double-click or 'Add' to add selected entry to list' and shows the time '3:00 PM'.

Skills & Sub-Skills Section

- Click any skill in the list, then click the top **Add >>** button next to the list to add it to the **Employee Skills & Attributes** selection list.
- Click the **Primary Skills Only** check box, so that it is unchecked, to see all sub-skills.

Attributes Section

- Click any attribute in the list, then click the bottom **Add >>** button next to the list to add it to the **Employee Skills & Attributes** selection list.

Employee Skills & Attributes Section

- When a skill or attribute is selected in this section, you may click the **Remove** button to delete it from the list.
- You may click the **Remove All** button to remove all skills and attributes from the list.

Click the **Preferences/Bonuses** tab to go to the next page.

Preferences/Bonuses Page

The Preferences/Bonuses page is used to provide a way to give an employee more or less priority in employee matching and premium pay on a client-employee relationship basis.

SAM > Melbourne : QA - Edit Employee

File Administration Schedule AE Configuration Maintenance Login SamToGo Reports Help

Employee Profile Employee Taxes Employee Skills/Attributes **Employee Preferences/Bonuses**

Tanya Acevedo

CLIENT PREFERENCES

Client : Kane, Wayne Select

☐ Client Prefers to See
☐ Client Never Wants to See
☒ Employee Never Wants to See

Comment :

Update List Cancel

BONUSES

Client : Select

Amount : \$0.00 per hour
\$0.00 per visit

Comment :

Update List Cancel

List of clients who specifically prefer to see / don't want to see selected employee 3:00 PM

Client Preferences Section

To add a client-employee relationship:

- Click the **Add** button
- Click the **Select** button next to the **Client** field. This will display the **Client List** screen.
 - Use the attributes to shorten the list of clients.
 - Click the **Generate** button.
 - Select a client from the generated list.
- Choose from the three employee-client relationships. **Client Prefers to See** will give the employee more priority when employee matching is used to fill unassigned visits for this client. **Client Never Wants to See** and **Employee Never Wants to See** will exclude the employee when employee matching is used to fill unassigned visits for this client.
- If you want to comment why the relationship exists, enter this information into the **Comment** field.
- Click the **Update List** button to complete the addition of the employee-client relationship.
- Click the **Cancel** button to cancel the addition of the employee-client relationship.

Bonuses Section

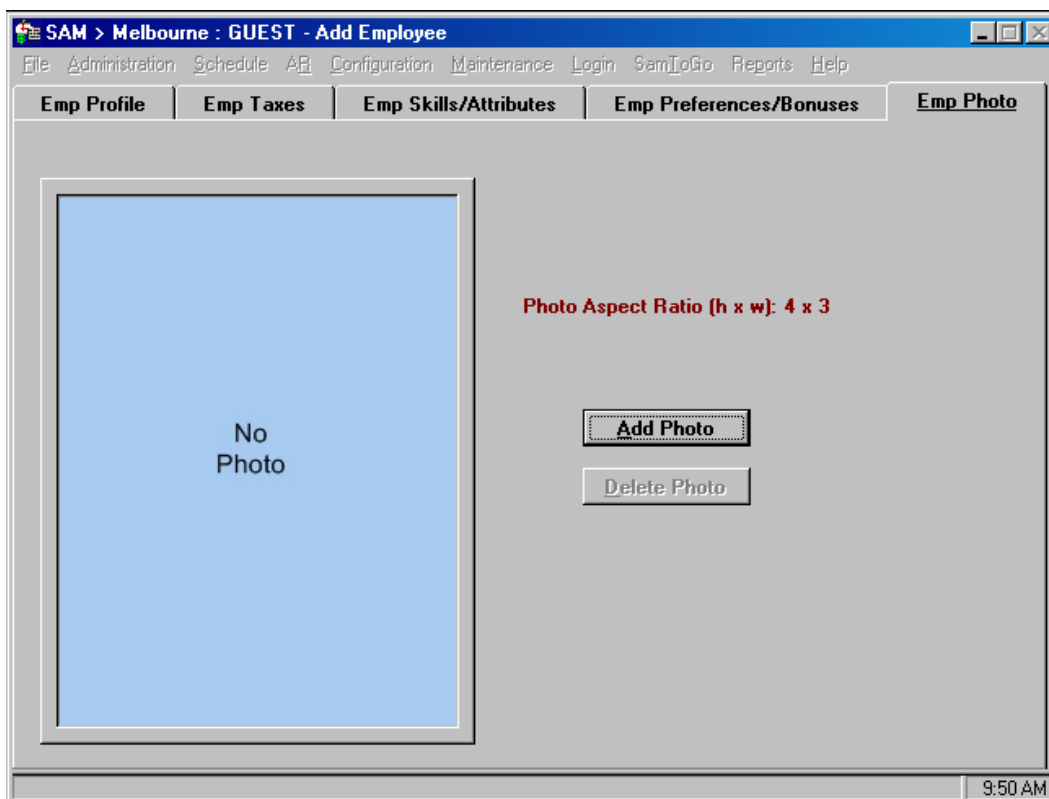
To give the employee a bonus over and above the normal pay rate scheme when performing service for a particular client:

- Click the **Add** button
- Click the **Select** button next to the **Client** field. This will display the **Client List** screen.
 - Use the attributes to shorten the list of clients.
 - Click the **Generate** button.
 - Select a client from the generated list.
- Enter the additional amount per hour and per visit into the **Amount** fields.
- If you want to comment why the bonus exists, enter this information into the **Comment** field.
- Click the **Update List** button to complete the addition of the employee-client bonus information.
- Click the **Cancel** button to cancel the addition of the employee-client bonus information.

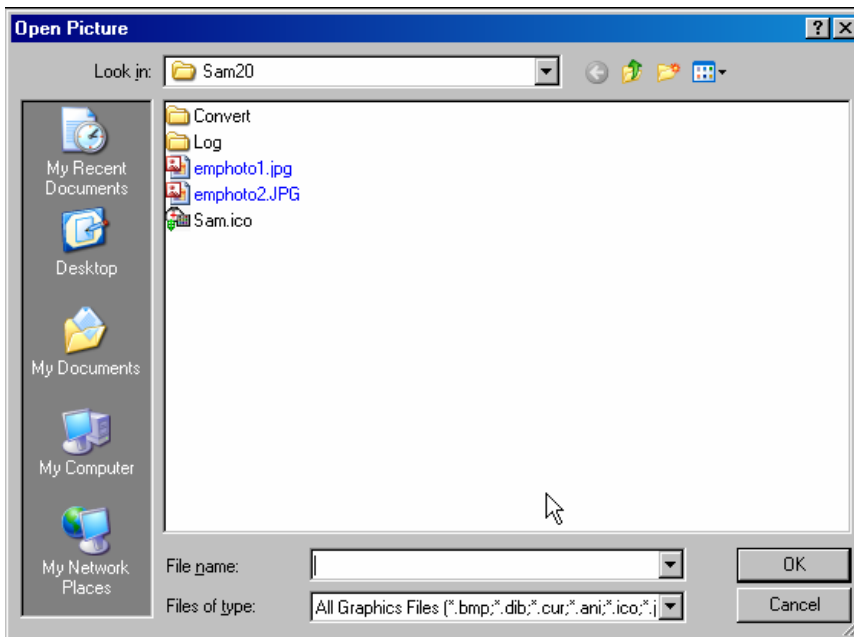
Click the **Emp Photo** tab to go to the next page.

Employee Photo

The Employee Photo page is used to optionally store a picture of the employee.



- To add photo click the **Add Photo** button and the **Open Picture** screen will be displayed.



- Enter the path and filename where the photo file resides on your workstation or network. You may add a picture (.jpg, .bmp, etc.) < 100 KB in size.




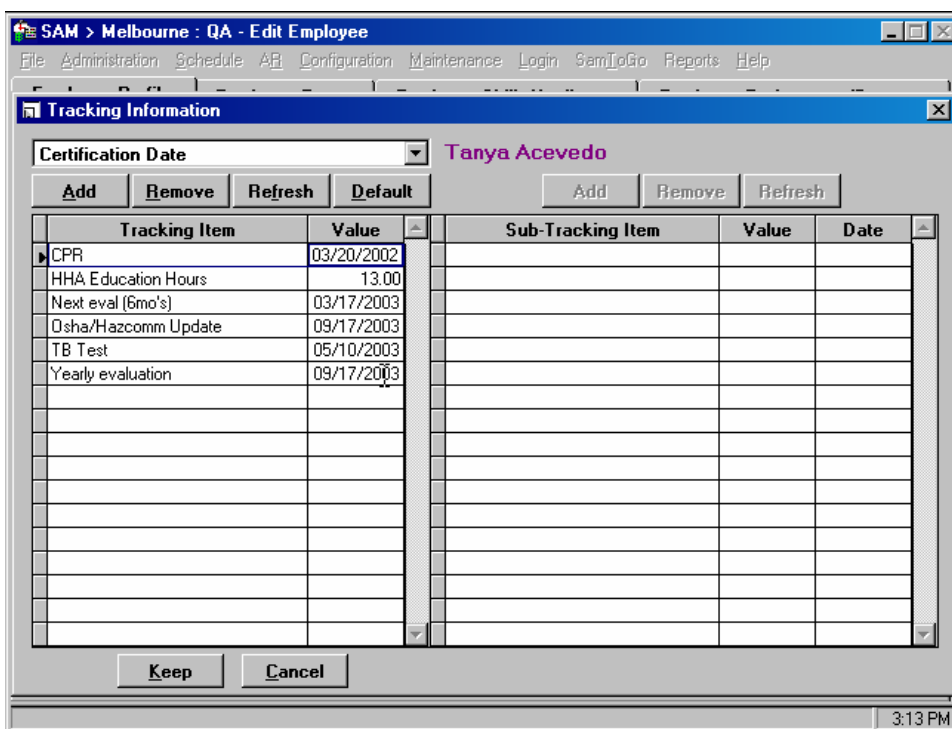
- To remove an employee photo, click the **Delete Photo** button.

Employee Tracking

Tracking information may be defined for an employee using the **Tracking Information** screen. This information can be used in scheduling when assigning an employee to a visit.

All tracking information entered into this screen is available from the Employee Tracking Report. This report allows you to build a list of employees whose items (like license dates) are coming up for renewal.


- To access the **Tracking Information** screen, select menu option Administration | Employees, use the **Find**  button to find your employee, click the **Tracking** button.
- The **Tracking Information** screen is displayed.



Tracking Item	Value
CPR	03/20/2002
HHA Education Hours	13.00
Next eval (6mo's)	03/17/2003
Osha/Hazcomm Update	09/17/2003
TB Test	05/10/2003
Yearly evaluation	09/17/2003

Sub-Tracking Item	Value	Date


- The master list of tracking items is created and maintained in Employee Tracking Items accessible from the Configuration menu. To track each item for an employee, select the tracking item from the pull-down list and click the **Add** button on the left of the screen.
- If the item has sub-tracking items, like classes attended that make up In-Service hours, click the add button on the right of the screen while the tracking item pointer is pointing to the correct parent tracking item.
- Fill in the description, number of units (value) and date of the sub-tracking item. The total of the sub-tracking items will show in the value of the parent Tracking Item.
- To remove a tracking item from an employee, click on the row of the tracking item and then click the **Remove** button.
- To keep the changes you have made click the **Keep** button.
- To discard the changes you have made click the **Cancel** button.

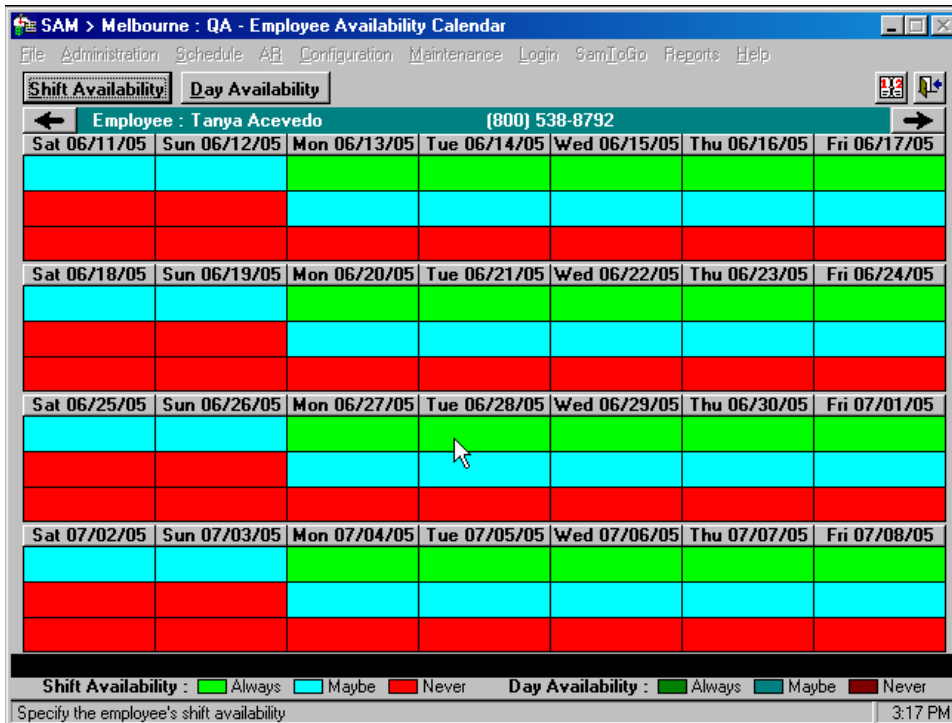
- The **Profile** page of the **Edit Employee** screen will be redisplayed.
- Click the **Save**  button to save the employee tracking information.

Note: If the tracking item has been check as “Always Required for this Office”, the tracking item cannot be deleted and will always report on the Employee Tracking report.

Specifying Employee Availability

Employee availability is defined using the **Employee Availability Calendar** screen.

- To access the **Employee Availability Calendar** screen, select menu option Administration | Employees, use the **Find**  button to find your employee, click the **Availability** button.
- The **Employee Availability Calendar** screen is displayed.



SAM > Melbourne : QA - Employee Availability Calendar

File Administration Schedule AR Configuration Maintenance Login SamIoGo Reports Help


Shift Availability **Day Availability**

Employee : Tanya Acevedo (800) 538-8792

Sat 06/11/05	Sun 06/12/05	Mon 06/13/05	Tue 06/14/05	Wed 06/15/05	Thu 06/16/05	Fri 06/17/05
Always	Always	Always	Always	Always	Always	Always
Maybe	Maybe	Maybe	Maybe	Maybe	Maybe	Maybe
Never	Never	Never	Never	Never	Never	Never
Sat 06/18/05	Sun 06/19/05	Mon 06/20/05	Tue 06/21/05	Wed 06/22/05	Thu 06/23/05	Fri 06/24/05
Always	Always	Always	Always	Always	Always	Always
Maybe	Maybe	Maybe	Maybe	Maybe	Maybe	Maybe
Never	Never	Never	Never	Never	Never	Never
Sat 06/25/05	Sun 06/26/05	Mon 06/27/05	Tue 06/28/05	Wed 06/29/05	Thu 06/30/05	Fri 07/01/05
Always	Always	Always	Always	Always	Always	Always
Maybe	Maybe	Maybe	Maybe	Maybe	Maybe	Maybe
Never	Never	Never	Never	Never	Never	Never
Sat 07/02/05	Sun 07/03/05	Mon 07/04/05	Tue 07/05/05	Wed 07/06/05	Thu 07/07/05	Fri 07/08/05
Always	Always	Always	Always	Always	Always	Always
Maybe	Maybe	Maybe	Maybe	Maybe	Maybe	Maybe
Never	Never	Never	Never	Never	Never	Never

Shift Availability : Always Maybe Never **Day Availability :** Always Maybe Never

Specify the employee's shift availability 3:17 PM

- To view earlier or later weeks, click the **left arrow** and **right arrow** buttons.
- To go directly to a calendar that contains a certain date, click the **calendar** button and choose the date.
- To exit and return to the **Profile** page of the **Edit Employee** screen, click the **Exit**  button.

Shift Availability

- To define the days of the week and the shifts that an employee is available to work, click the **Shift Availability** button.

SAM > Melbourne : QA - Employee Availability Calendar

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Shift Availability Day Availability

Employee: Tanya Acaveda (0001 529 9792)

Edit Shift Availability

Duplicate 1st Day

	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Shift 1	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never
Shift 2	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never
Shift 3	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Maybe <input type="radio"/> Never


Shift 1 - 07:00 AM - 03:00 PM; Shift 2 - 03:00 PM - 11:00 PM; Shift 3 - 11:00 PM - 07:00 AM

QA 06/15/2005 03:17 PM

Shift Availability : ■ Always ■ Maybe ■ Never Day Availability : ■ Always ■ Maybe ■ Never

Specify the employee's availability for each day/shift - this information repeats each week

3:19 PM

- The **Edit Shift Availability** screen will be displayed.
- For each day and shift of the workweek, click next to the **Always**, **Maybe**, or **Never** option. This information will be used when the scheduling features are used to fill an unassigned visit.
- If an employee's availability is the same for every day of the week, you should edit the first day and then click the **Duplicate 1st Day** button to copy your selection to the rest of the days of the week.
- Click the **Save**  button and the **Employee Availability Calendar** screen will be redisplayed.

Day Availability

- To define certain days or portions of days that an employee may not be available, click the **Day Availability** button.
- The **Edit Day Availability** screen will be displayed.

SAM > Melbourne : QA - Employee Availability Calendar

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Edit Day Availability

Dates	Times	Availability	Comment
06/26/1999-07/03/1999	0000-0000	Never	VACATION RTW 7/4/99 YES!!7/4
08/01/1999-08/07/1999	0000-0000	Never	VACATION RTW 8/8
09/04/1999-09/06/1999	0000-0000	Never	W/E OFF RTW 9/7/99
05/20/2000-05/20/2000	0000-0000	Never	
05/27/2000-05/30/2000	0000-0000	Never	rtw 5/31
06/24/2000-06/26/2000	0000-0000	Never	vacation rtw 6/27
07/20/2001-07/27/2001	0000-0000	Never	VAC RTW 7/30/01

Times : ☒ All Day ☐ 12:00 AM To 12:00 AM





Availability : ☒ Always ☐ Maybe ☐ Never

Comment : VACATION RTW 7/4/99 YES!!7/4

Dates : 06/26/1999 To 07/03/1999


To enter availability (single days) quickly:
 1. Click the New button
 2. Enter availability information
 3. Right click on the Date Field
 4. Using the Calendar, double click on the date. This will add the entry in the window.
 This method will leave you in New Mode, press the Restore button to exit New Mode.

MB 06/07/1999 12:23 PM

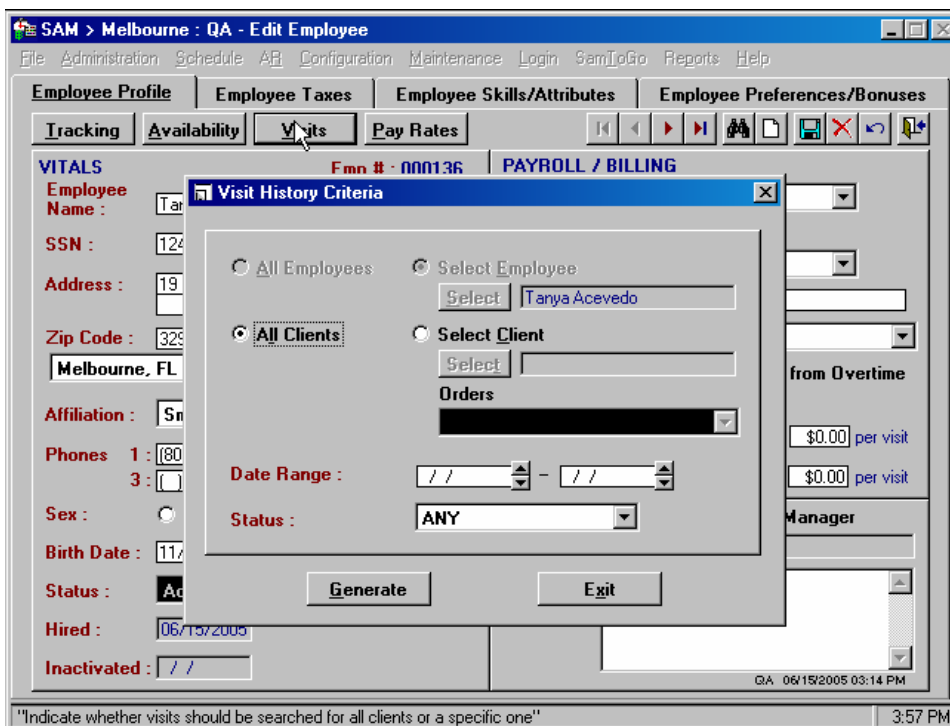
- Click the **New**  button to add an entry.
- Enter the dates of the employee's non-standard availability in the **Dates** fields. This may be because the employee is going on vacation, a training class, or any situation that falls outside of their normal availability.
- Enter the times during the days of the employee's non-standard availability in the **Times** fields.
- Choose the **Availability** type: **Always**, **Maybe**, or **Never**.
- Optionally, enter a comment in the **Comment** field.
- Click the **Save**  button.
- Add additional entries as needed by repeating the above steps.
- To add availability (single days) quickly to the Employee Availability screen, use the following method:
 1. Click the **New**  button
 2. Enter availability information
 3. Right click on the Date Field
 4. Using the Calendar, double click on the date. This will add the entry in the window.
 This method will leave you in New Mode, press the Restore button to exit New Mode.
- Click the **Exit**  button. The **Employee Availability Calendar** screen will be redisplayed.

Viewing Employee Visit History

An Employee Visit History may be generated using the **Visit History Criteria** screen. This list is very useful to view all or a subset of visits scheduled for the employee.

To access the **Visit History Criteria** screen, select menu option Administration | Employee, use the  button to find the employee, click the **Visits** button.

- The **Visit History Criteria** screen is displayed.



The screenshot shows the 'SAM > Melbourne: QA - Edit Employee' window. The 'Visits' tab is selected. A 'Visit History Criteria' dialog box is open, allowing selection of 'All Employees' or 'Select Employee' (currently 'Tanya Acevedo'), 'All Clients' or 'Select Client', and a 'Date Range' and 'Status' (currently 'ANY'). The 'Generate' button is visible. The background window shows employee details for 'Tanya Acevedo' with SSN 124, Address 19, Zip Code 329, Affiliation Sn, Phones 1: (80, 3: [], Sex: [], Birth Date: 11/2, Status: Ac, Hired: 06/15/2005, Inactivated: [].

- By default, visits for the current employee and all clients will be displayed.
- You can choose one specific client by clicking the **Select Client** option and clicking the **Select** button. This will cause the **Client List** screen to be displayed. Selecting a client from this list will cause the **Visit History Criteria** screen to be redisplayed with the selected client displayed.
- You can choose to view visits for all orders associated with the client or you can select one specific order from the **Orders** combo box.
- Optionally, you can enter in the range of service dates for the visit history you wish to see in the **Date Range** fields.
- You can choose to look at a visit of only a certain status by selecting it in the **Status** combo box.
- Click the **Generate** button to view the list of visits.

- The **Visit History List** screen will be displayed containing all the employee's visits that meet the selected criteria. You can order the list by date, client, or employee by clicking on those corresponding sort options.

SAM > Melbourne : QA - Edit Employee

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Employee Profile Employee Taxes Employee Skills/Attributes Employee Preferences/Bonuses

Tracking Availability Visits Pay Rates

Visit History List

Visit Count : 1269

Employee	Client	Date	Skill	Status	Has Adjustment
Acevedo	Flores	03/20/1999	NA	Closed	
Acevedo	Flores	03/21/1999	NA	Closed	
Acevedo	Flores	03/22/1999	NA	Closed	
Acevedo	Flores	03/23/1999	NA	Closed	
Acevedo	Flores	03/24/1999	NA	Closed	
Acevedo	Flores	03/25/1999	NA	Closed	
Acevedo	Flores	03/26/1999	NA	Closed	
Acevedo	Flores	03/27/1999	NA	Closed	
Acevedo	Flores	03/28/1999	NA	Closed	
Acevedo	Flores	03/29/1999	NA	Closed	
Acevedo	Flores	03/30/1999	NA	Closed	
Acevedo	Flores	03/31/1999	NA	Closed	

ORDER LIST BY : ☒ Date ☐ Client ☐ Employee

Print List View Exit

Inactivated : / /

QA 06/15/2005 03:14 PM

Select the Visit to view 3:58 PM

- For each visit, the employee, client, date, skill, and status of the visit are shown.
- Click the **Print List** button to send a copy of the Visit History List to the printer.
- To view more information about a particular visit, double-click the visit or select the visit and then click the **View** button.

- The **Visit Summary** screen is displayed containing details of the visit.

SAM > Melbourne : QA - Edit Employee

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Employee Profile **Visit Summary - Nancy Flores** **Preferences/Bonuses**

Tracking Available

Visit History List

Visit Count : 1269

Employee

Acevedo

Acevedo

Acevedo

Acevedo

Acevedo

Acevedo

Acevedo

Acevedo

Acevedo

Acevedo

Acevedo

Employee : Tanya Acevedo

Address & Phone #'s : 19 Foch Avenue 1 : (800) 538-8792

Melbourne 2 : () -

FL 32905 3 : () -

4 : () -

Skill : NA Rates : \$9.45H/\$17.35H

Times : 07:30 AM TO 09:30 AM

2.00 Hours

Status : Closed In Compliance

Comment :

Invoice Description :

Has Adjustment

Print List View Exit

Inactivated : / /

QA 06/15/2005 03:14 PM

Comment entered for the selected visit (right-click/F2 to zoom) 3:59 PM

- Click the **X** in the upper right corner of the screen to exit.
- Click the **Exit** button to exit the **Visit History List** screen.
- Click the **Exit** button to exit the **Visit History Criteria** screen to return to the **Profile** page of the **Edit Employee** screen.

Defining Employee Pay Rates

Hierarchies of pay and bill rates for visits are supported. When determining a pay rate for a visit, the hierarchy of pay rates is read beginning with Employee/Payer rates per skill/sub-skill/shift down to default rates per skill/sub-skill/shift. When determining a bill rate for a visit, the hierarchy of bill rates is read beginning with Client/Payer rates per skill/sub-skill/shift down to default rates per skill/sub-skill/shift.

How SAM Computes Pay and Bill Rates

At each level, a rate for the skill/sub-skill is searched for. If not found, rates for just the skill are searched for. If not found, the "any" rate is used. If there is no "any" rate, the next level of rates is searched.

How SAM Computes a Visit's Pay Rate

Self-Pay Visit Are there client/employee rates? Are there employee rates? Are there client rates? Are there agency default rates? If all answers are no, rate is \$0.00	All Other Visits Are there client/employee rates? Are there employee/payer rates? Are there employee rates? Are there client/payer rates? Are there client rates? Are there payer rates? Are there agency default rates? If all answers are no, rate is \$0.00
---	---

How SAM Computes a Visit's Bill Rate

Self-Pay Visit Are there client/employee rates? Are there client rates? Are there agency default rates? If all answers are no, rate is \$0.00	All Other Visits Are there client/payer rates? Are there payer rates? Are there agency default rates? If all answers are no, rate is \$0.00
--	--

Exit

Employee pay rates are created and edited from the **Edit Pay Rates** screen.

- To access the **Edit Pay Rates** screen, select menu option Administration | Employees.
- The **Edit Employee** screen is displayed.
- Display the details of the employee. (See section, **Finding an Employee**)
- Click the **Pay Rates** button.
- The **Edit Pay Rates** screen is displayed.

SAM > Melbourne : QA - Edit Employee

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Edit Pay Rates

Print List Copy Update Visits

Payer : <DEFAULT> Default Select Employee : Tanya Acevedo

Skill / Sub-Skill	Date	Daily Rates			Weekend Rates		
CNA	11/17/2001	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70	\$10.70
HHA	11/17/2001	\$10.30	\$10.30	\$10.30	\$11.00	\$11.00	\$11.00
NA	11/17/2001	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70	\$10.70

UNIT
☒ Hours
☐ Visits

VIEW
☐ All
☒ Current

ORDER BY
☐ Date
☒ Skill

BILL
☒ Invoice
☐ Reimb

Skill : CNA Effective Date : 11/17/2001


	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Rates : 1)	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70
2)	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70
3)	\$10.00	\$10.00	\$10.00	\$10.00	\$10.70	\$10.70	\$10.70

Update Remove

JM 11/16/2001 11:48 AM

Pay Rates for specified Employee / Payer / Bill Unit 4:01 PM

Adding Pay Rates

- Select the payer that is associated with the pay rates you are going to define by clicking the **Select** button next to the **Payer** field; then select a payer from the **Payer List** form. Or, click the **Default** button next to the **Payer** field to default to all payers.
- Note that the **Employee** field displayed next to the **Payer** field contains the name of the employee the pay rates are being defined for
- Click the **Add Mode**  button to add a new rate.

SAM > Melbourne : QA - Edit Employee

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Add Pay Rates

Print List Copy Update Visits

Payer : <DEFAULT> Default Select Employee : Tanya Acevedo

Skill / Sub-Skill	Date	Daily Rates	Weekend Rates
CNA	11/17/2001	\$10.00,\$10.00,\$10.00	\$10.70,\$10.70,\$10.70
HHA	11/17/2001	\$10.30,\$10.30,\$10.30	\$11.00,\$11.00,\$11.00
HHA	07/22/2000	\$9.70,\$9.70,\$9.70	\$10.40,\$10.40,\$10.40
NA	11/17/2001	\$10.00,\$10.00,\$10.00	\$10.70,\$10.70,\$10.70
NA	07/22/2000	\$9.40,\$9.40,\$9.40	\$10.10,\$10.10,\$10.10

UNIT
☒ Hours
☐ Visits

VIEW
☐ All
☐ Current

ORDER BY
☐ Date
☒ Skill

BILL
☐ Invoice
☐ Reimb

Skill : Effective Date :

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Rates : 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Update Stop

JM 11/16/2001 11:48 AM

Select the skill/sub-skill that the rate(s) represent 4:06 PM

- Select the pay unit for the rate: **Hours** or **Visits**.
- Select a skill/sub-skill (or “Any”) from the **Skill** combo box.
- Enter the starting **Effective Date** of the new rate.
- Use the **Shifts and Rates** buttons to select the shifts to which the rate is applied. Then enter the rates per shift (including weekends).
- Click the **Update** button to add the new rate to the list.
- Continue to add rates until finished. When finished, click the **Stop** button to get out of add mode.

Deleting Pay Rates

- Select the payer that is associated with the pay rates you are going to delete by clicking the **Select** button next to the **Payer** field; then select a payer from the **Payer List** form. Or, click the **Default** button next to the **Payer** field to default to all payers.
- Note that the **Employee** field displayed next to the **Payer** field contains the name of the employee the pay rates are being deleted for.
- Click the rate that you want to delete from the list.
- Click the **Remove** button. Note that every rate for the selected skill and effective date is removed regardless of shift.

Printing Pay Rates

- Click the **Print List** button to print a list of the pay rates.

Copying Pay Rates to Employee within Current Office

- Click the **Copy** button to copy rates to other employees.
- The **Copy Pay Rates** screen is displayed.

The screenshot shows the 'SAM > Melbourne : QA - Edit Employee' window. The 'Edit Pay Rates' tab is active. A 'Copy Pay Rates' dialog box is open, titled 'COPY RATES TO'. The dialog has two radio buttons for 'Office': 'Current Office' (selected) and 'Selected Offices'. Below these is a list box containing 'Back Office'. There are 'Employee' and 'Payer' fields, both set to '<DEFAULT>', each with a 'Select' button. The 'Unit' section has 'Hours' selected and 'Visits' unselected. At the bottom of the dialog are 'Copy' and 'Exit' buttons. The background window shows a list of skills (CNA, HHA, HHA, NA, NA) and a 'Rates' section with three entries, each at \$1. The status bar at the bottom indicates 'Select the office to copy rates to' and the time '4:06 PM'.

- Select the **Office** option “Current Office”. The front office cannot copy pay rates to other offices.
- Select the employee to which the rates are to be copied by clicking the **Select** button next to the **Employee** field. Select the employee from the **Employee List** screen.
- Select the payer to which the rates are to be copied by clicking the **Select** button next to the **Payer** field. Select the payer from the **Payer List** screen.
- Select which rates by pay unit you want to copy: **Hours** or **Visits**.
- Click the **Copy** button.

Scheduling

Getting to the Scheduler Screen

- To access the **Scheduling** screen, select menu option Schedule | Display Schedule.
- The **Month** view of the **Scheduler** screen is displayed for the current week.

The screenshot shows the 'SAM > Melbourne : QA - Scheduler' application window. The title bar includes standard window controls. The menu bar contains: File, Administration, Schedule, ABI, Configuration, Maintenance, Login, SamIpGo, Reports, Help. The toolbar has buttons for Client, Employee, Rules, Prefs, Phone, Sum, Legend, and a Month dropdown menu. Below the toolbar, a status bar shows 'Client : (None)', '0.00 Hrs', and '2005'. The main area is a calendar grid for June 2005, with columns for days of the week (Sat, Sun, Mon, Tue, Wed, Thu, Fri) and rows for dates. The dates are: 06/11, 06/12, 06/13, 06/14, 06/15, 06/16, 06/17, 06/18, 06/19, 06/20, 06/21, 06/22, 06/23, 06/24, 06/25, 06/26, 06/27, 06/28, 06/29, 06/30, 07/01, 07/02, 07/03, 07/04, 07/05, 07/06, 07/07, 07/08. A mouse cursor is pointing at the date 07/04. At the bottom, there is a status bar with the text 'Select operation to perform' and the time '4:13 PM'.

Sat	Sun	Mon	Tue	Wed	Thu	Fri
06/11	06/12	06/13	06/14	06/15	06/16	06/17
06/18	06/19	06/20	06/21	06/22	06/23	06/24
06/25	06/26	06/27	06/28	06/29	06/30	07/01
07/02	07/03	07/04	07/05	07/06	07/07	07/08

Select operation to perform 4:13 PM

Viewing a Client's Schedule

- Click the **Client** button.
- The Client List screen will be displayed.

SAM > Melbourne : QA - Scheduler

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Client List

ATTRIBUTES

Type : ALL
Status : Active
Payer Class : ALL
CSR : ALL
Affiliation : ALL

NAME / SCHEDULED SERVICE

Name Beginning With :
☐ Has visits scheduled during selected week (06/11/2005 - 06/17/2005)
☐ Has unassigned visits (06/15/2005 - 06/28/2005)
☐ Use Client/Payer CSR

Generate
Reset List

Client	Admit Status	Entry Date	Phone	City
--------	--------------	------------	-------	------

Select Supply Items Service Items Exit

Generate/refresh the list based on the selected criteria 4:13 PM

- Select a **Type** of client you want to see. Any client covered by a plan of care is a “Patient”. Clients who are staffed like hospitals or nursing homes are “Facility” type clients. Everyone else is a “Client” type client.
- Select the status, payer class or affiliation of the client’s you wish to see.
- You may also receive a list of only those clients with a specific **CSR** assigned. If **Use Client/Payer CSR** is “Off” only those clients with the specific CSR assigned to the client will be listed. If **Use Client/Payer CSR** is “On” only those clients with a specific CSR assigned to the client/payer relationship will be listed. In this case the client/payer relationship must be current and not set to “Do Not Use.”
- If you wish to shorten the list, you can type in the first few characters of a last name in the **Name Beginning With** field.
- Also, to shorten the list, you can click on the option **Has visits scheduled during selected week** or **Has unassigned visits**.
- Click the **Generate** button.

- Select a client from the generated list by double clicking on the client or highlighting the client and pressing the **Select** button.
- The Scheduler screen will be displayed with the client's schedule for the current month.

SAM > Melbourne : QA - Scheduler

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Client Employee Rules Prefs Phone Sum Legend Month

Client : Beverly Case [A] (555) 747-2191 24.00/25.50/26.50/25.00 Hrs 2002

Sat	Sun	Mon	Tue	Wed	Thu	Fri
09/14	09/15	09/16	09/17	09/18	09/19	09/20
		Nicolau-Jarrett D 10:00a-03:30p	Garcia S 10:00a-03:00p	Nicolau-Jarrett D 10:00a-03:00p	Garcia S 08:30a-01:30p	Nicolau-Jarrett D 10:00a-02:00p
		Rose C 01:30p-02:15p		Gardner P 11:45a-03:30p		
09/21	09/22	09/23	09/24	09/25	09/26	09/27
		Nicolau-Jarrett D 10:00a-02:00p	Garcia S 10:00a-03:00p	Nicolau-Jarrett D 10:00a-11:30p	Garcia S 10:00a-03:00p	Nicolau-Jarrett D 10:00a-03:00p
						Gardner P 10:30a-01:30p
09/28	09/29	09/30	10/01	10/02	10/03	10/04
		Rose C 08:00a-10:00a	Garcia S 10:00a-03:00p	Pepin J 10:00a-03:00p	Garcia S 10:00a-03:00p	Pepin J 10:00a-03:00p
		Pepin J 10:00a-03:30p				
10/05	10/06	10/07	10/08	10/09	10/10	10/11
		Pepin J 10:00a-03:00p	Garcia S 10:00a-03:00p	Pepin J 10:00a-03:00p	Garcia S 10:00a-03:00p	Pepin J 10:00a-03:00p

PHONE D/C/D USE MOM'S #734-9228, HHA under emergency PCA thru Stavros approved for 27 hours per week

Move the schedule backward by a week 4:17 PM

Moving to a Different Week's Schedule

- In the upper left corner of the **Scheduler** screen, there is an arrow button pointing left. Click this previous week button to view the previous week's schedule.
- In the upper right corner of the screen, there is an arrow pointing right. Click this next week button to view the next week's schedule.
- **FAST REWIND**: If you **RIGHT** click on the previous week button, the system searches for the first visit before the beginning of the current schedule (skipping over empty weeks) and displays the week of that visit at the top of the schedule. If no visit was found the schedule does not move.
- **FAST FORWARD**: If you **RIGHT** click on the next week button, the system searches for the first visit after the end of the current schedule (skipping over empty weeks) and displays the week of that visit at the bottom of the schedule. If no visit was found the schedule does not move.

- Above and to the left of the right arrow button, there is a **calendar** button.
- Click on the **calendar** button to get the **Change Schedule Date** screen.
 - The **Change Schedule Date** screen is displayed.
 - Double click on a day contained within the week of the schedule you wish to view, or click the day and then the X in the upper right corner. You may have to change the month or year to view the appropriate month.


The screenshot shows the 'SAM > Melbourne : QA - Scheduler' application window. The main interface includes a menu bar (File, Administration, Schedule, AB, Configuration, Maintenance, Login, SamToGo, Reports, Help) and a toolbar with buttons for Client, Employee, Rules, Prefs, Phone, Sum, Legend, Month, and navigation arrows. The main display area shows a schedule for 'Client : Beverly Case' with columns for days of the week (Sat, Sun, Mon, Tue, Wed, Thu, Fri) and rows for dates (09/07 to 10/04). Each cell contains employee names and time slots. A 'Change Schedule Date' dialog box is open, displaying a calendar for September 2002. The calendar has a grid with days of the week and dates. The date 06/15/2005 is highlighted in red. The dialog box also shows '26.50 Hrs' and '2002'.

Sat	Sun	Mon	Tue	Wed	Thu	Fri
09/07	09/08	09/09				
		Garcia S 10:00a-03:00p				
09/14	09/15	09/16				
		Nicolau-Jarrett D 10:00a-03:30p				
		Rose C 01:30p-02:15p				
09/21	09/22	09/23	09/24	09/25	09/26	09/27
		Nicolau-Jarrett D 10:00a-02:00p	Garcia S 10:00a-03:00p	Nicolau-Jarrett D 10:00a-11:30p	Garcia S 10:00a-03:00p	Nicolau-Jarrett D 10:00a-03:00p
						Gardner P 10:30a-01:30p
09/28	09/29	09/30	10/01	10/02	10/03	10/04
		Rose C 09:00a-10:00a	Garcia S 10:00a-03:00p	Pepin J 10:00a-03:00p	Garcia S 10:00a-03:00p	Pepin J 10:00a-03:00p
		Pepin J 10:00a-03:30p				

PHONE D/C/D USE MOM'S #734-9228, HHA under emergency PCA thru Stavros approved for 27 hours per week

Change the start date of the displayed schedule 4:20 PM

Moving to a Different Client's Schedule

- In the upper right corner of the **Scheduler** screen, there are four buttons with red arrows called the Navigation  buttons, two pointing left and two pointing right.
- The button pointing left to a line will take you to the first client in the list you generated when you entered the scheduling screen and used the client list screen to select your client. The other left-pointer button will take you to the previous client in the list you generated when you entered the scheduling screen.
- The button pointing right to a line will take you to the last client in the list you generated when you entered the scheduling screen. The other right-pointer button will take you to the next client in the list you generated when you entered the scheduling screen.
- To go directly to a particular client's schedule, follow the instructions in the section in this manual, **Viewing a Client's Schedule**.

Viewing an Employee's Schedule

To access the **Employee's Schedule** screen, select menu option Schedule | Display Schedule.

- Click the **Employee** button.

Schedule Manager > Melbourne : GUEST - Scheduler

File Schedule Administration Payroll System Help

Client Employee Rules Prefs Phone Sum Legend Month

Client : Beverly Case [A] (555) 747-2191 21.25/0.00/24.00/25.50 Hrs 2002

Sat	Sun	Mon	Tue	Wed	Thu	Fri
08/31	09/01	09/02	09/03	09/04	09/05	09/06
		Garcia S 10:00a-03:00p	Garcia S 10:00a-03:00p	Garcia S 10:00a-03:00p	Garcia S 10:00a-03:00p	Garcia S 10:00a-03:00p
		HHA/Personal Care	Rose C 02:30p-03:45p			
09/07	09/08	09/09	09/10	09/11	09/12	09/13
		Garcia S 10:00a-03:00p	Garcia S 10:00a-03:00p	Garcia S 10:00a-03:00p	Garcia S 10:00a-03:00p	Garcia S 10:00a-03:00p
09/14	09/15	09/16	09/17	09/18	09/19	09/20
		Nicolau-Jarrett D 10:00a-03:30p	Garcia S 10:00a-03:00p	Nicolau-Jarrett D 10:00a-03:00p	Garcia S 08:30a-01:30p	Nicolau-Jarrett D 10:00a-02:00p
		Rose C 01:30p-02:15p		Gardner P 11:45a-03:30p		
09/21	09/22	09/23	09/24	09/25	09/26	09/27
		Nicolau-Jarrett D 10:00a-02:00p	Garcia S 10:00a-03:00p	Nicolau-Jarrett D 10:00a-11:30p	Garcia S 10:00a-03:00p	Nicolau-Jarrett D 10:00a-03:00p
						Gardner P 10:30a-01:30p

PHONE D/C/D USE MOM'S #734-9228, HHA under emergency PCA thru Stavros approved for 27 hours per week

Put schedule in client view and specify client

8:26 AM

- The **Employee List** screen will be displayed.

SAM > Melbourne : QA - Scheduler

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Employee List

ATTRIBUTES

Skill : ALL
 Type : ALL
 Status : Active
 Affiliation : ALL

NAME / SCHEDULED SERVICE

Name Beginning With :
☐ Has visits scheduled during selected week (09/07/2002 - 09/13/2002)
 Generate
 Reset List

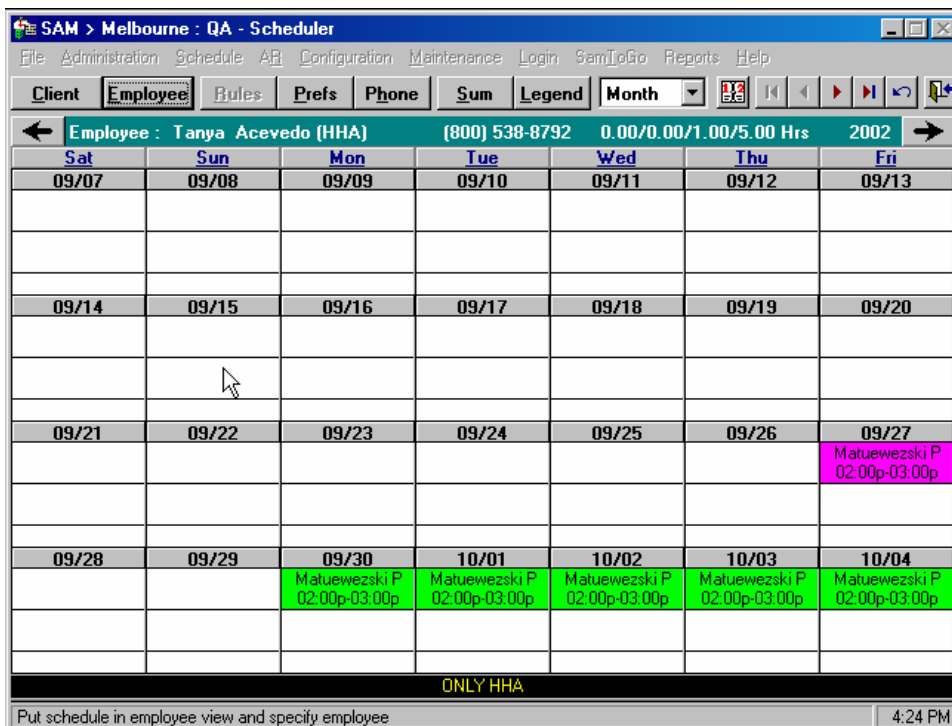
Employee	Status	Skill	Phone	SSN	City
----------	--------	-------	-------	-----	------

Select Pay Items Exit

Generate/refresh the list based on the selected criteria 4:23 PM

- Select a **Skill** of the employee you want to see.
- Select a **Type** of the employee you want to see.
- Select a **Status** of the employee you want to see.
- Select the **Affiliation** of the employees you want to see.
- If you wish to shorten the list, you can type in the first few characters of a last name in the **Name Beginning With** field.
- Also, to shorten the list, you can click on the option **Has visits scheduled during selected week**.
- Click the **Generate** button.

- Select an employee from the generated list.
- The **Scheduler** screen will be displayed with the employee's schedule for the current week.



Viewing the Scheduler in Different Modes

- The schedule may be view in four different modes:

Time	Visit is represented by box positioned and sized by date and time and color coded for status.
List	Each visit is represented by one row of information and color coded for status.
Month	Four weeks of visits is displayed at one time. Within each day, visits are stacked and color-coded for status. If a day has more visits than can be viewed at one time in this mode, the day will have a scroll bar that can be used to scroll through the visit. Also, to view more visits at once, click the “+” button.
Week	One week of visits is displayed at one time. Within each day, visits are stacked and color-coded for status. This is very handy when multiple employees are visiting the same client at the same time.

- To switch the viewing mode you are in, click on the drop-down field to the right of the **Legend** button. This will show you the possible viewing modes. Select the mode you want.
- The **Scheduler** screen will be re-displayed in the selected mode.
- All of the previous screen shots are in the **Month** viewing mode.

This is the scheduler screen in the **List** viewing mode.

SAM > Melbourne : QA - Scheduler

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Client Employee Rules Prefs Phone Sum Legend **List**

Employee : Tanya Acevedo (HHA) (800) 538-8792 0.00/0.00/1.00/5.00 Hrs 2002

Order By : ☒ Date/Time ☐ Label Display : ☒ 1 Week ☐ 4 Weeks ☐ Rest

Label	Date	Times	Skill	Status	Payer	Rates
Matuewezski P	09/27/2002	02:00P-03:00P	HHA	Closed	Medicare	\$13.25H/\$62.00V
Matuewezski P	09/30/2002	02:00P-03:00P	HHA	Confirmed	Medicare	\$10.30H/\$62.00V
Matuewezski P	10/01/2002	02:00P-03:00P	HHA	Confirmed	Medicare	\$10.30H/\$62.00V
Matuewezski P	10/02/2002	02:00P-03:00P	HHA	Confirmed	Medicare	\$10.30H/\$62.00V
Matuewezski P	10/03/2002	02:00P-03:00P	HHA	Confirmed	Medicare	\$10.30H/\$62.00V
Matuewezski P	10/04/2002	02:00P-03:00P	HHA	Confirmed	Medicare	\$10.30H/\$62.00V

ONLY HHA

Select the desired viewing style for the scheduler 4:27 PM

This is the scheduler screen in the **Week** viewing mode.

SAM > Melbourne : GUEST - Scheduler

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Client Employee Rules Prefs Phone Sum Legend **Week**

Employee : Pamela Binsbacher (PT) (555) 596-9366 8.00 Hrs 2002

Sat 09/14	Sun 09/15	Mon 09/16	Tue 09/17	Wed 09/18	Thu 09/19	Fri 09/20
		Derr D 10:15a-10:45a	Pope M 10:30a-11:00a	Weaver N 09:15a-09:45a	Derr D 10:30a-11:00a	Derr D 10:15a-10:45a
		Wilson M 11:30a-12:00p	Wilson M 12:30p-01:00p		Goodman S 11:15a-11:45a	Pope M 10:30a-11:30a
		Goodman S 12:30p-01:15p	Coons F 02:15p-02:45p		Coons F 02:15p-02:45p	Wilson M 12:30p-01:00p
		Weaver N 03:00p-04:15p			Weaver N 03:00p-03:30p	

2nd # is car phone-552-8600

Select the desired viewing style for the scheduler 4:30 PM

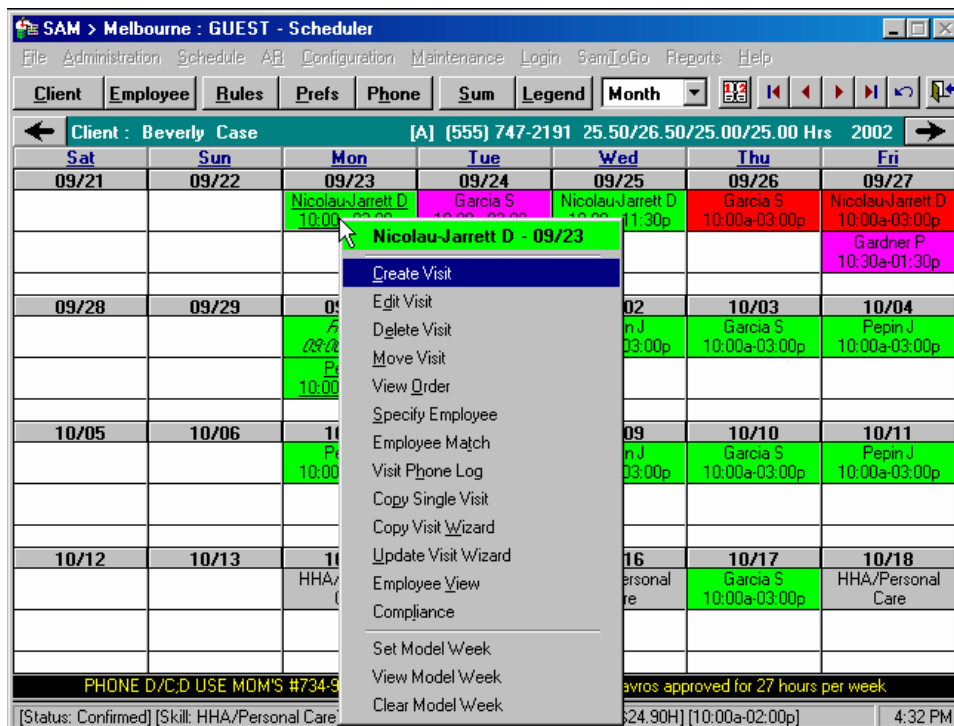
In all modes, right-clicking a visit will cause the Visit Menu to appear.
This means that you can perform all scheduling functions from any mode.

The Visit Menu

Right clicking on a visit in any view will cause the visit menu to be displayed. From the visit menu, you can...

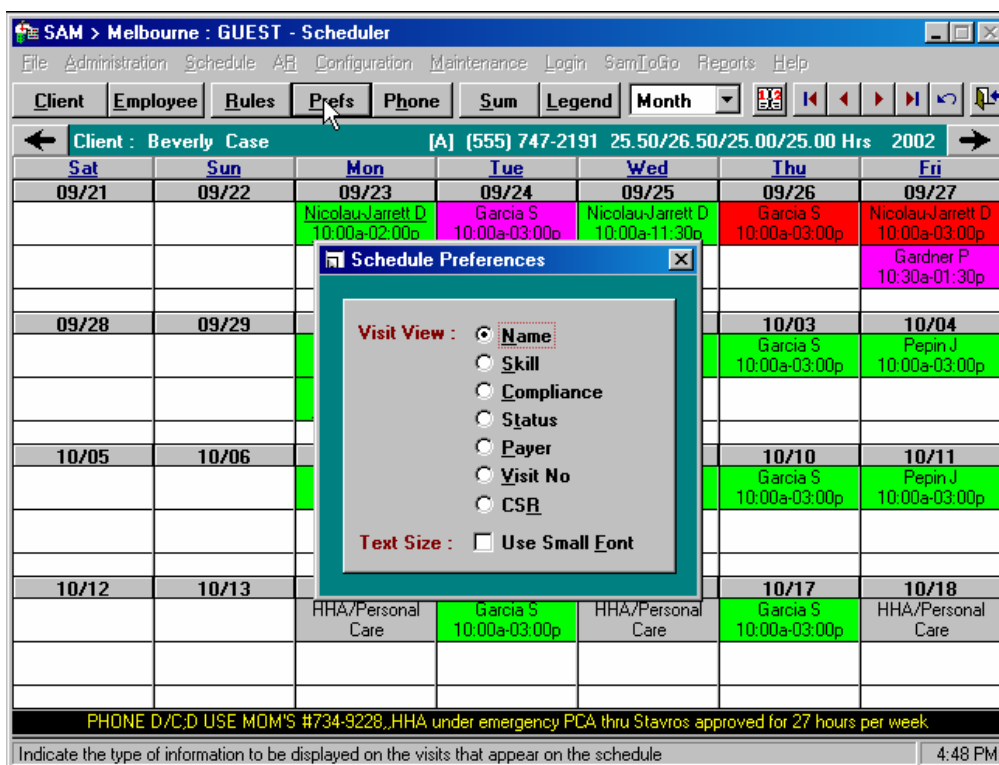
1. Create a visit (from either the Client or Employee Schedule)
2. Edit the current visit
3. Delete the visit (not available if the visit is "Verified" or "Closed")
4. Move the visit (not available if the visit is "Verified" or "Closed")
5. View Order
6. Specify Employee (not available if the visit is "Verified" or "Closed")
7. Employee Match (not available if the visit is "Verified" or "Closed")
8. Visit Phone Log (not available if the visit is "Closed")
9. Copy Single Visit (not available if the order is "full" (has 99999 visits))
10. Copy Visit Wizard (not available if the order is "full" (has 99999 visits))
11. Update Visit Wizard
12. Employee/Client View - Switch to the employee or client view of the schedule based on the view you are currently in and the current visit
13. Compliance - Run a compliance check
14. Set, view, or clear the model schedule week for the current client's schedule (not available from the employee schedule)

Each of these items operations will be explained in later sections. This is the scheduling screen when a visit has been right-clicked.



Changing the Text That Appears on a Visit

- On the **Scheduler** screen, click the **Prefs** button.
- The **Schedule Preferences** screen will be displayed.



- Choose one of the options:
 - Name** (client or employee name),
 - Skill**
 - Compliance**
 - Status**
 - Payer**
 - Visit No** (order number – visit number)
 - CSR**
- If there is a problem with all text fitting within the boundaries of the visit box, check the option **Use Small Font**
- Click the **X** in the upper right corner of the screen to exit.
- The visits will be redisplayed according to the preference you have selected.

Creating a Phone Log Entry Not Based Upon a Visit

- On the **Scheduler** screen, click the **Phone** button. This will display the **Edit General Phone Log Entry** screen.
- If you are on a client's schedule, any phone log entry of Call Type "Business" will be tied to the client.
- If you are on an employee's schedule, any phone log entry of Call Type "Business" will be tied to the employee.
- If you click the Call Type "Personal" option, the phone log entry will be tied to the person who is logged in.

The screenshot shows the 'Edit General Phone Log Entry' dialog box in the SAM > Melbourne: GUEST - Scheduler application. The dialog box is divided into two main sections: 'CALL SOURCE' and 'CALL DETAILS'.

CALL SOURCE:

- Call Type:** Radio buttons for 'Personal' (selected) and 'Business'.
- Client:** Text field containing 'Beverly Case'.



CALL DETAILS:

- Message Type:** Dropdown menu set to 'Other'.
- Details:** Text area containing 'Spoke to pt at 1pm to let her know we have tried several different hha and are unable to'.
- Call Date & Time:** Text field showing '08/20/2002 at 01:42 PM'.
- Modification Date:** Text field showing 'RM 08/20/2002 01:43 PM'.

At the bottom of the dialog box, there is a status bar with the text 'PHONE D/C/D US' and 'Indicate whether the call was personal or business'.

The background shows a calendar view for September 2002, with dates 09/21, 09/28, 10/05, and 10/12 visible. The right side of the calendar shows a weekly view for 2002, with dates 09/26, 09/27, 10/03, 10/04, 10/10, 10/11, 10/17, and 10/18 visible. The weekly view shows various entries with names and times, such as 'Nicolaus Jarrett D' on 09/26 and 'Gardner P' on 09/27.

- Click the **New**  button.

- Select the **Message Type** and type in the **Details** you wish to record about the conversation.
- The Call Date and Time will be saved and displayed. Any Modification date will also be saved and displayed.
- Click the **Save**  button.
- Click the **Exit**  button.

Schedule Summary Display Screen

- Based on the week or month of schedules being viewed via the Display Schedule function, the Sum button will show a summary of hour and visit counts across clients, grouped by visit status.

SAM > Melbourne : GUEST - Scheduler

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Client Employee Rules Prefs Phone **Sum** Legend Month

Client Scheduling Summary 002

SCHEDULING SUMMARY (All Clients)
10/12/2002 thru 11/08/2002

☐ All Offices

	Visit Units	Hour Units	Cost	Sales	Total Visits
Not Assigned	185.00	291.50	8855.25	24385.10	273.00
Confirmed	278.00	1964.25	27166.21	71919.41	821.00
Verified	0.00	0.00	0.00	0.00	0.00
Totals	473.00	2255.75	36021.46	96304.51	1094.00
Client Cancelled	0.00	0.00	0.00	0.00	0.00
Office Cancelled	0.00	0.00	0.00	0.00	0.00
Employee Cancelled	0.00	66.00	1187.20	2210.60	17.00

Exit

For Printout, Use Visit Report

LU-VEND WITH GENTIVA # 731-3050..... Mom's work # 785-8000 EXT. 444

Exit the screen 8:36 AM

Viewing the Rules Governing the Current Schedule

- By clicking the **Rules** button, you can see the insurance authorizations and doctor's order that are in effect at the time of the current schedule. These are the rules used by the compliance checking to mark visits as compliant or not.

SAM > Melbourne : GUEST - Scheduler

File Administration Schedule AB Configuration Maintenance Login SamIoGo Reports Help

Compliance Rules

Helen Abbey: All

☐ Omit Do Not Use Payers ☒ Show All Rules

Doctor Orders		
01-Tufts Associated HSN	1-2V A Week/1 Weeks	05/17/2001-05/18/2001
01-Tufts Associated HSN	1-3V As Needed/9 Weeks	05/17/2001-07/13/2001
01-Tufts Associated HSN	1-3V A Week/1 Weeks	05/19/2001-05/25/2001
01-Tufts Associated HSN	1V A Week/7 Weeks	05/26/2001-07/13/2001
01-Tufts Associated HSN	1V A Week/9 Weeks	07/14/2001-09/14/2001
01-Tufts Associated HSN	1-3V As Needed/9 Weeks	07/14/2001-09/14/2001
01-Tufts Associated HSN	1V A Day/7 Days	08/08/2001-08/14/2001
01-Tufts Associated HSN	3-7V A Week/1 Weeks	08/15/2001-08/24/2001

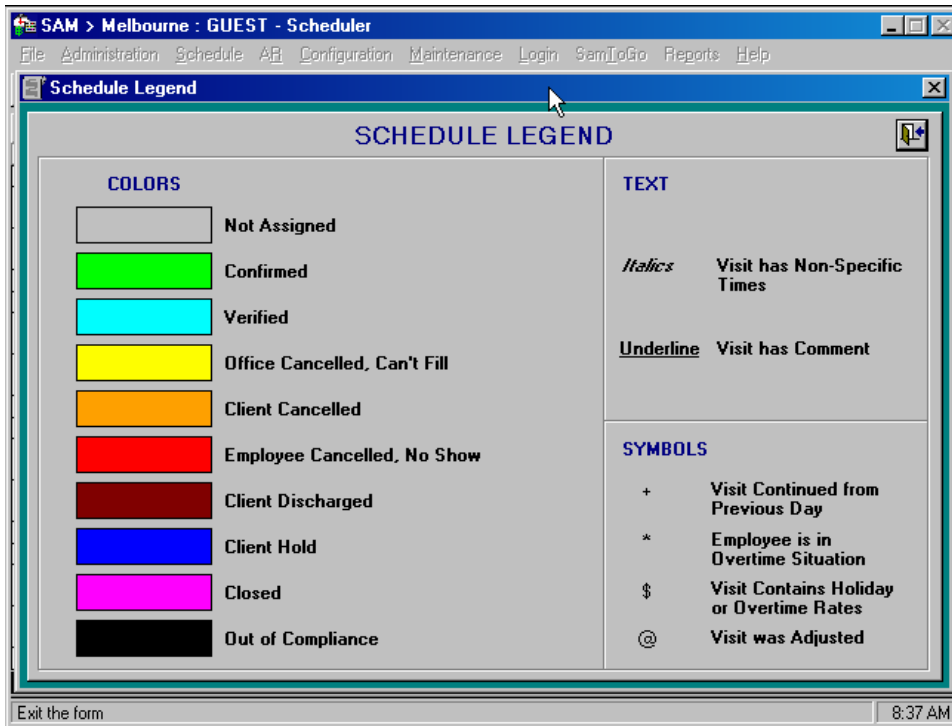
Insurance Authorizations		
01-Tufts Associated HSN	1-5V As Needed/5 Days	05/17/2001-05/21/2001 *
01-Tufts Associated HSN	1-2V As Needed/2 Weeks	05/21/2001-06/03/2001 *
01-Tufts Associated HSN	1-2V As Needed/2 Weeks	06/07/2001-06/20/2001 *
01-Tufts Associated HSN	1-2V As Needed/10 Days	06/20/2001-06/30/2001 *
01-Tufts Associated HSN	1-2V As Needed/2 Weeks	06/29/2001-07/14/2001 *
01-Tufts Associated HSN	1V As Needed/1 Weeks	07/14/2001-07/21/2001 *
01-Tufts Associated HSN	1V As Needed/1 Weeks	07/21/2001-07/28/2001 *
01-Tufts Associated HSN	1V As Needed/1 Weeks	08/08/2001-08/15/2001 *

Print Lists **Exit**

8:37 AM

Viewing the Visit Legend

- By clicking the **Legend** button, you can see the legend explaining the different colors, etc. used to denote important information.



Creating a Visit

To create a visit, click on any white space in any view of the schedule screen. The schedule screen will look like this.

The screenshot shows the 'SAM > Melbourne : GUEST - Scheduler' window. The client is 'Helen Abbey' with contact '[A] (555) 739-0474'. The schedule is for the month of October 2002. A context menu is open over the date 10/27 at 09:00 AM, showing options: 'Create Visit', 'View Order', 'View Model Week', and 'Clear Model Week'. The 'Create Visit' option is highlighted. The bottom status bar shows 'CO-VEND WITH GENTIVA # 731-3050..... Mom's work # 786-8000 EXT. 444' and the time '8:50 AM'.

Choose the **Create Visit** option and the **Create Visit** screen will appear.

The screenshot shows the 'Create Visit' screen. The client is 'Helen Abbey' and the employee is 'NOT ASSIGNED'. The payer is 'NEW'. The date is '10/27/2002' (Sunday) with a total of '1.0000 total hours'. The time is set from '09:00 AM' to '10:00 AM'. The pay type is 'Regular' and the bill is 'Per Hour *' with a rate of '\$0.00'. The quality is 'Unqualified'. The status is 'Not Assigned'. The comment field is empty. The invoice description is also empty. The bottom status bar shows 'Save all changes to database' and the time '8:50 AM'.

- Select the appropriate **Payer/Skill/Pay Unit/Bill Unit** combination for the visit. This information was previously entered when the Client was associated with a Payer and the valid skill combinations were entered; or when the valid skill combinations were entered for the Client for a “Facility” type client or a “Self-Pay” situation. (Refer to section **Defining Client Payer Sets (Client/Payer Relationships)**.) Once you have selected the appropriate Payer/Skill, the remaining fields for the visit will become enabled.

SAM > Melbourne : GUEST - Scheduler

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Create Visit

Split Hours Employee Emp Match Supplies Verify Week

Client : Helen Abbey Payer No : 7146
Employee : NOT ASSIGNED Payer Set : 01
Skill : SN-RN Sub-Skill Visit # : A01293-A0007



Payer [Skill]	Rate	Pay Unit	Bill Unit	Code
Tufts Associated HMO [SN]		SN	Pay-V Bill-V	A01293
Medicaid P.D. [LPN/Pedi/High Tech]		LPN/Pedi/High T	Pay-H Bill-H	A01186
Medicaid P.D. [LPN/Pedi/HiTech Hol]		LPN/Pedi/HiTech	Pay-H Bill-H	A01187
Medicaid P.D. [RN/Pedi/High Tech]		RN/Pedi/High Te	Pay-H Bill-H	A01188
Medicaid P.D. [RN/Pedi/HiTech Hol]		RN/Pedi/HiTech	Pay-H Bill-H	A01189
Medicaid P.D. [RN/Supervisory]		RN/Supervisory	Pay-V Bill-V	A01372

Pay : Per Visit * \$26.00 Override Rates \$26.00 Comment :
Bill : Per Visit * \$80.00 Override \$80.00 Invoice Desc :
Qual : Qualified Sun-1

Verification ☐ Timeslip Verified Travel Pay : \$0.00 Total Sales Tax : \$0.00
☐ Already Paid Travel Bill : \$0.00 Payroll Date : / /

8:51 AM

- To assign an Employee to the visit you may either assign a specific employee by clicking the **Employee** button or search for available employee’s by clicking the **Emp Match** button (press the **Save** button to enable this feature.)
- If you click the **Employee** button, the Employee List will be displayed, displaying the skill of the visit. You may then select the employee to be assigned to the visit. If the visit is saved without choosing an employee (the normal occurrence) the visit is saved and displayed on the screen as an unassigned visit. If the skill category “SN” (skilled nursing) has been selected, you can assign a RN, a LPN or a LVN type of skill. If the skill category “SN Staffing” has been selected, you can assign a RN Staffing or LPN Staffing type skill. The Skill Category “SN” is delivered with your software; if you wish to have the Skill Category “SN Staffing”, please contact your system support representative.
- If you click the **Emp Match** button, the Employee Matching screen will be displayed. Please refer to the **Employee Matching** section in this manual for detailed information on how to use this feature.
- When creating invoices, if you have a “SN” skill identified on the client/payer Skills & Codes screen, but the codes are blank, SAM will search for the skill on the visit (RN, LPN, etc.) for the appropriate codes.

- If a sub-skill should be assigned to the visit, click the **Sub-Skill** button and select the appropriate Sub-Skill. A sub-skill is normally used if there is a specific bill or pay rate for the sub-skill, or if there is a different Revenue Code, HCPC or Modifier (billing claims) for the sub-skill.
- The **Date** will default to the date that you performed the “right-click” on, this may be modified. Right click on the date field to access a calendar for ease in choosing your date. Press “T” to fill the field in with today’s date or use the spin controls to “spin” through dates.
- When creating a new visit, the time will default to 9:00 am and the length will be determined by the number of hours assigned to a normal visit in the Skill database. Enter any time that you do not wish to be counted for billing or payroll in the **Break** times. You may input in 12-hour or 24-hour (military) format for all visit times.
- The **Pay Type** may either be “Regular” or “Holiday.” Selecting “Regular” will pick up the regular pay rate (without applying holiday differential) and selecting “Holiday” will apply the holiday pay differential to the pay rate.
- The **pay** and **bill rates** will be defaulted from the pay and bill rate tables. These values are defaulted any time this screen is invoked. If you choose to override the pay bill units or rates and do not want them to recalculate the next time the screen is invoked (for this visit only), click the **Override** option next to the pay or bill rate. The computed pay and bill rates to the right will always be displayed to the right.
- The **Qual** field may either be “Qualified” or “Unqualified.” This information must be entered the for the FIRST visit using the Payer/Skill/Pay Unit/Bill Unit combination, then any subsequent visits created will use your input as their default. Specify “Qualified” for any visits that you wish to be included in your Medicare Cost reporting.
- By default the **Specific Times** option is checked signifying that the times assigned to this visit correspond to when the visit should be done. In some cases, employees set there own schedule and the time of the visits are not known at the time they are assigned to an employee. In this case, the **Specific Times** option should be unchecked. This will cause the text of the visit box on the schedule to appear in *italics*.
- If the visit represents a supervisory visit or an assessment visit in addition to the normal service provided, check the **Supervisory Visit** and/or the **Assessment Included** options. Supervisory visits are reported on the Census (Episode) report.
- You can enter a **comment** specifically for this visit and a short message, which will print on the invoice underneath the normal invoice line for the visit.
- If the visit is a “Confirmed” status, the **Timeslip Verified** check box will be enabled. **Note that checking this box changes the status of the visit to “Verified.”**
- If the employee has already been paid for this visit or the employee has a salary, check the **Already Paid** check box. This prevents the payroll entry for this visit to be exported to the payroll system.
- Enter any travel money to be paid to the employee, this information may not be known until after the visit has occurred.
- Enter any travel money to be billed to the payer, this information may not be known until after the visit has occurred.
- Enter any sales tax, this information may not be known until after the visit has occurred.
- To save the unassigned visit, click on the **Save**  button and press the **Exit**  button to return to the schedule screen. The new visit will be displayed on the schedule screen.

Daylight Savings Time

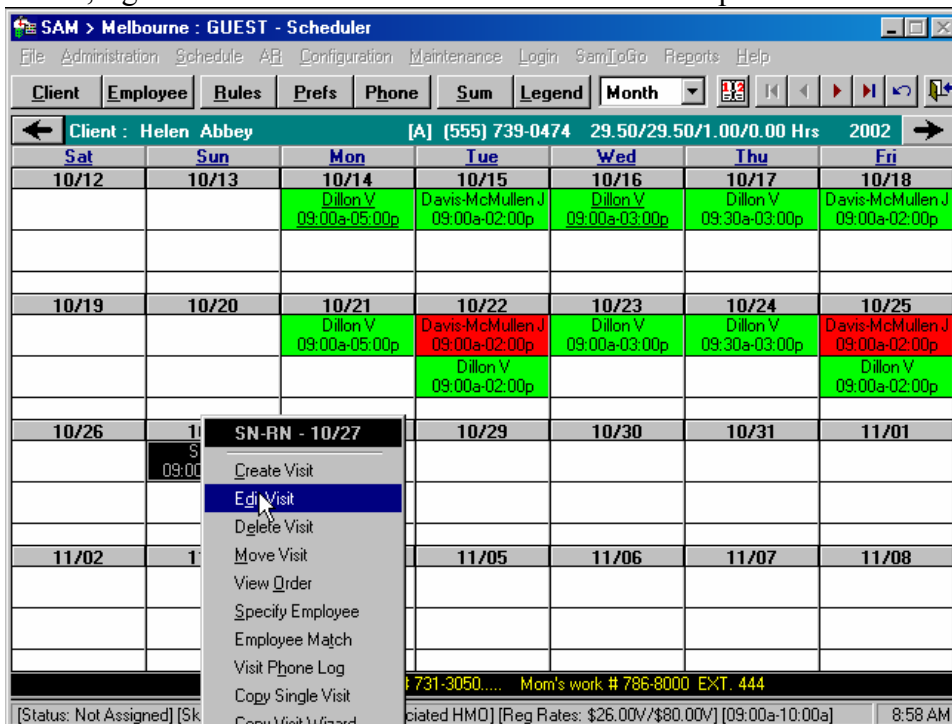
Remember to make any adjustments necessary to your visits to correct any payroll or scheduling issues with regard to Daylight Savings Time.

For example:

In the spring (when we lose an hour) on a day that spans across midnight when the time changes, the shift might be modified to reflect that the employee physically worked only 7 hours by changing the end time with a visit comment “Shift spans daylight savings.” The result should be that the visit hours should be equal to the hours physically worked by the employee.

Editing a Visit

To edit a visit, right click on the visit and select the Edit Visit option.



This will cause the Edit Visit screen to be displayed.

SAM > Melbourne : GUEST - Scheduler

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Edit Visit

Split Hours Employee Emp Match Supplies Verify Week

Client : Helen Abbey Payer No : 7146
Employee : NOT ASSIGNED Payer Set : 01
Skill : SN-RN Sub-Skill Visit # : A01293-A0007

Payer [Skill] : Tufts Associated HMO [SN]

Date : 10/27/2002 Sunday 1.0000 total hours

Times : Start 09:00 AM Break Start Break End End 10:00 AM

Pay Type : Regular Computed Rates

Pay : Per Visit * \$26.00 Override \$26.00

Bill : Per Visit * \$80.00 Override \$80.00

Qual : Qualified Sun-1

Status : Not Assigned

Specific Times
Supervisory Visit
Assessment Included

Comment : Out of Compliance - Ins Authorization

Invoice Desc :

Verification ☐ Timeslip Verified ☐ Already Paid

Travel Pay : \$0.00 Total Sales Tax : \$0.00

Travel Bill : \$0.00 Payroll Date : / /

Enter the start time of the visit 8:58 AM

Visits may be edited until they are “Closed” as a part of the weekly payroll processing. Once a visit is closed, it may not be edited. It may however be adjusted. If you modify the Payer/Skill, the Payer No, Payer Set and Visit Number will automatically be changed for you.

- If the office is a Texas office, a **2067** button will be displayed on the “Edit Visit” screen. For each client the “To:” address must be entered in the non-scheduling comments field on the client’s Ancillary Info screen. Example:
2067to:Jane Doe
123 Main Street, Suite 4
San Antonio, TX 12345

On the visit screen, enter into the visit comment “2067:text goes here.”. Up to 300 characters will fit. SAM will do the word wrapping automatically, so don't hit the enter key when keying the comment.

The Verification Process – Weekly Payroll

Visits are verified against documents submitted by employees that reflect what services were actually performed for a given week. For the purposes of training, we will call these documents timesheets. Perform the following steps to verify visits for an employee.

- To verify visits, select menu option Schedule | Display Schedule.
- The **Scheduler** screen is displayed.
- Adjust the **Scheduler** screen to display the week for the visits listed on the timesheet.

If your timesheets have information by employee you will probably want to verify visits by employee; but if your timesheets have information by client you will probably want to verify visits by client.

Verifying Visits by Employee

- Click the **Employee** button to display the **Employee List** screen.
- Click the checkbox labeled, **Has visits scheduled during the selected week**.
- Click on the **Generate/Refresh** button to generate a list of all employees that have scheduled visits during the week displayed on the schedule.
- Click the employee listed on the timesheet, and then click the **Select** button. Or simply, double click the employee. All visits assigned to the selected employee are now displayed on the **Scheduler** screen.

To verify the visits, right-click on the first visit of the week. A popup menu appears.

- Click the **Edit Visit** menu option to display the **Edit Visit** screen.

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Edit Visit

Split Hours Employee Emp Match Supplies Verify Week

Client : Helen Abbey Payer No : 7148
Employee : Vickie Dillon Payer Set : A3
Skill : RN/Pedi/High Tech Visit # : A01188-A0088

Payer [Skill] : Medicaid P.D. [RN/Pedi/High Tech]

Date : 10/21/2002 Monday 8.0000 total hours

Times : Start 09:00 AM Break Start : Break End : End 05:00 PM

Pay Type : Regular Computed Rates
Pay : Per Hour * \$20.50 Override \$20.50
Bill : Per Hour * \$37.50 Override \$37.50
Qual : Unqualified Mon-1





Status : Confirmed
In Compliance
Comment :
Invoice Desc :

MB 09/25/2002 03:18 PM

Verification ☐ Timeslip Verified Travel Pay : \$0.00 Total Sales Tax : \$0.00
☐ Already Paid Travel Bill : \$0.00 Payroll Date : / /

Enter the start time of the visit 9:06 AM




- Confirm that the correct client is displayed.
- Confirm that the correct skill is displayed.
- Confirm that the correct payer/skill/pay unit/bill unit combination is displayed.
- Confirm that the correct date is displayed.

- Confirm that the correct start and end times are displayed and that the visit has the correct total hours.
- Confirm that the correct pay type is displayed: “Regular” or “Holiday.”
- Confirm that the correct pay rate and pay unit is displayed.
- Confirm that the correct bill rate and bill unit is displayed.
- If you know that start and end times are specific and not estimates, check the **Specific Times** check box. (Note that this is just for informational purposes.)
- If any part of the visit was supervisory, check the **Supervisory Visit** check box. Supervisory visits are counted on several reports. (Note that if the sub-skill is “Supervisory,” this box is checked for you.)
- If any part of the visit was an assessment, check the **Assessment Visit** check box. (Note that if the sub-skill is “Assess,” this box is checked for you.)
- Ignore the **Status** combo box. (Status will change to “Verified” later.)
- Enter any comments about the visit.
- Enter any description about the visit to appear on the invoice.
- If all documents are present and in order click the **Timeslip Verified** check box. **Note that checking this box changes the status of the visit to “Verified.”**
- If the employee has already been paid for this visit or the employee has a salary, check the **Already Paid** check box. This prevents the payroll entry for this visit from being exported to the payroll system.
- Enter any travel money to be paid to the employee.
- Enter any travel money to be billed to the payer.
- Enter any sales tax.
- Click the **Save (next)**  button which is located to the left of the “Timeslip verified” check box field. This button will save the visit and “jump” to the next visit, speeding up the verification process.
- Click the **Find**  button to locate the next confirmed visit you would like to verify.
- Repeat the steps above for each visit until they are all verified.
- Click the **Exit**  button to return to the schedule.
- Click the **Employee** button to select the next employee or Click the **Right Arrow**  button to advance the schedule to the next employee in the current list.
- Repeat until all visits for all employees have been verified.

Verifying Visits by Client

This is the same process as verifying by employee except for one key difference. The schedule is viewed in from the client perspective.

- Click the **Client** button to display the **Client List** screen.
- Click the checkbox labeled, **Has visits scheduled during the selected week.**

- Click on the **Generate/Refresh** button to generate a list of all clients that have scheduled visits during the week displayed on the schedule.
- Click the client listed on the timesheet, then click the **Select** button. Or simply, double click the client. All visits assigned to the selected client are now displayed on the **Scheduler** screen.
- Right-click the first visit of the week. A popup menu appears.
- Click the **Edit Visit** menu option to display the **Edit Visit** screen.
- Confirm that the correct employee is displayed.
- Confirm that the correct skill is displayed.
- Confirm that the correct payer/skill/pay unit/bill unit combination is displayed.
- Confirm that the correct date is displayed.
- Confirm that the correct start and end times are displayed and that the visit has the correct total hours.
- Confirm that the correct pay type is displayed: “Regular” or “Holiday.”
- Confirm that the correct pay rate and pay unit is displayed.
- Confirm that the correct bill rate and bill unit is displayed.
- If you know that start and end times are specific and not estimates, check the **Specific Times** check box. (Note that this is just for informational purposes.)
- If any part of the visit was supervisory, check the **Supervisory Visit** check box. Supervisory visits are counted on several reports. (Note that if the sub-skill is “Supervisory,” this box is checked for you.)
- If any part of the visit was an assessment, check the **Assessment Visit** check box. Assessment visits are counted on several reports. (Note that if the sub-skill is “Assess,” this box is checked for you.)
- Ignore the **Status** combo box. (Status will change to “Verified” later.)
- Enter any comments about the visit.
- Enter any description about the visit to appear on the invoice.
- If all documents are present and in order click the **Timeslip Verified** check box. **Note that checking this box changes the status of the visit to “Verified.”**
- If the employee has already been paid for this visit or the employee has a salary, check the **Already Paid** check box. This prevents the payroll entry for this visit from being exported to the payroll system.
- Enter any travel money to be paid to the employee.
- Enter any travel money to be billed to the payer.
- Enter any sales tax.
- Click the **Save (next)**  button which is located to the left of the “Timeslip verified” check box field. This button will save the visit and “jump” to the next visit, speeding up the verification process.
- Click the **Find**  button to locate the next confirmed visit you would like to verify.
- Repeat the steps above for each visit until they are all verified.
- Click the **Exit**  button to return to the schedule.

- You may distribute the hours of a visit to holiday hours and see where the system is deriving the pay and bill rates by clicking the **Split Hours** button.

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File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Split Visit Rates - 10/21/2002

Times: 09:00AM-05:00PM Total Hours: 8.00 Pay Unit: Hour Bill Unit: Hour

Pay Rate Based On

Payer : Medicaid P.D.
Employee :
Client :
Skill : RN / Pedi/High Tech
Shift : Mon-1 (based on predominant shift of visit)
Merit Pay : \$0.00 Client Bonus : \$0.00
1.50 x (holiday)

Bill Rate Based On

Payer : Medicaid P.D. (Natl)
Employee :
Client :
Skill : RN / Pedi/High Tech
Shift : Mon-1 (based on predominant shift of visit)
1.00 x (holiday)

Hours	Rates	Defaults
Regular Pay / Bill : 8.0000	\$20.50 /hr	\$20.50
	\$37.50	\$37.50
Holiday or 2nd Rate Pay / Bill : 0.0000	\$30.75 /hr	\$30.75
	\$37.50	\$37.50
		End Shift \$22.15
Overtime Pay / Bill : 0.0000	\$0.00	\$38.50
	\$37.50	\$37.50
Overtime 2 Pay / Bill : 0.0000	\$0.00	\$75.00
	\$75.00	\$75.00
Other Pay :	\$0.00	
Entered Hours: 8.0000	Total Cost \$164.00	Total Bill \$300.00

Rate Help Move OT Keep Cancel

Enter the number of regular hours in this visit 9:52 AM

- If the week consists of many visits done by the same employee with the same skill, the whole week of visits may be verified together using the **Verify Week** button on the **Verify Week** screen.

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Edit Visit

Verify Week

Copy Travel Verify All Verify/Unverify




Visits for Client : Helen Abbey / Employee : Vickie Dillon

Date & Times	Day	Visit	Unit	Travel Pay	Travel Bill	Verified
10/21/2002 09:00 AM-05:00 PM	Mon	A01188-A0088	H	\$0.00	\$0.00	
10/22/2002 09:00 AM-02:00 PM	Tue	A01188-A0099	H	\$0.00	\$0.00	
10/23/2002 09:00 AM-03:00 PM	Wed	A01188-A0090	H	\$0.00	\$0.00	
10/24/2002 09:30 AM-03:00 PM	Thu	A01188-A0104	H	\$0.00	\$0.00	
10/25/2002 09:00 AM-02:00 PM	Fri	A01188-A0100	H	\$0.00	\$0.00	

Travel Pay : \$0.00 Travel Bill : \$0.00 Update List

MB 09/25/2002 03:18 PM

Regular Pay/Bill Rates : \$20.50/\$37.50 9:53 AM


- Click the **Save**  button. The verified visit is saved and the screen advances to the next unverified visit for this client.
- Repeat the steps above for each visit until they are all verified.
- Click the **Exit**  button to return to the schedule.
- Click the **Client** button to select the next client or Click the **Right Arrow**  button to advance the schedule to the next client in the current list.
- Repeat until all visits for all clients have been verified.
- Visits that are alike (same Payer/Skill) may be verified together using the verify week screen

Once the visit or visits have been verified, the visit's status will change to verified and the visit or visits will turn light blue on the schedule.

SAM > Melbourne : GUEST - Scheduler						
File Administration Schedule AB Configuration Maintenance Login SamGo Reports Help						
Client	Employee	Rules	Prefs	Phone	Sum	Legend
Month						
Client : Helen Abbey [A] (555) 739-0474 29.50/1.00/0.00/0.00 Hrs 2002						
Sat	Sun	Mon	Tue	Wed	Thu	Fri
10/19	10/20	10/21	10/22	10/23	10/24	10/25
		Dillon V 09:00a-05:00p	Davis-McMullen J 09:00a-02:00p	Dillon V 09:00a-03:00p	Dillon V 09:30a-03:00p	Davis-McMullen J 09:00a-02:00p
			Dillon V 09:00a-02:00p			Dillon V 09:00a-02:00p
10/26	10/27	10/28	10/29	10/30	10/31	11/01
	SN-RN 09:00a-10:00a					
11/02	11/03	11/04	11/05	11/06	11/07	11/08
11/09	11/10	11/11	11/12	11/13	11/14	11/15
CO-VEND WITH GENTIVA # 731-3050..... Mom's work # 786-8000 EXT. 444						
Move the schedule forward by a week						9:55 AM

Deleting a Visit

Deleting a visit can be done three ways:

1. By using the delete option on the visit menu.
2. Clicking the **Delete**  button while editing a visit.
3. Update visit wizard (to delete multiple visits at one time.)

Moving a Visit

Moving a visit can be done three ways:

1. If you want to move one visit to another time during the same week, click and drag the visit to the desired location. (This method is not available in list mode.)

2. If you want to move one visit to another time frame, right-click on the visit. The Visit Menu will appear.
 - Select the **Move Visit** option.
 - The **Move Visit** screen will appear.

The screenshot shows the SAM Scheduler application window. The title bar reads 'SAM > Melbourne : GUEST - Scheduler'. The menu bar includes 'File', 'Administration', 'Schedule', 'AB', 'Configuration', 'Maintenance', 'Login', 'SamIpGo', 'Reports', and 'Help'. Below the menu bar is a toolbar with buttons for 'Client', 'Employee', 'Rules', 'Prefs', 'Phone', 'Sum', 'Legend', 'Month', and a calendar icon. The main area displays a calendar for the month of October 2002, with the client name 'Helen Abbey' and contact information '[A] (555) 739-0474' and '29.50/1.00/0.00/0.00 Hrs'. The calendar shows visits for various dates, with some visits highlighted in red (e.g., 10/22, 10/25, 11/02, 11/08). A 'Move Visit' dialog box is open, showing the 'New Visit Start Date' as '10/27/2002' and the 'New Visit Start Time' as '09:00 AM'. The dialog box has an 'X' button in the upper right corner. At the bottom of the window, there is a status bar with the text 'Enter new date for visit' and a clock showing '9:56 AM'.

- Enter the **New Visit Start Date** and **New Visit Start Time**. You may input in 12-hour or 24-hour (military) format.
 - Click the **X** in the upper right corner of the screen to exit.
 - The **Scheduler** screen will appear with the moved visit displayed. If you moved the visit to another week, you will have to navigate to that week to see it.
3. Update visit wizard (to move multiple visits at one time.)

View Order

To view an Order, right click on any visit to display the visit menu and then choose the View Order option. Orders are “containers” that hold all of the visits by Payer/Skill combination.

The screenshot displays the SAM Scheduler application window. The main window title is "SAM > Melbourne : GUEST - Scheduler". The menu bar includes File, Administration, Schedule, AR, Configuration, Maintenance, Login, SamToGo, Reports, and Help. The toolbar contains buttons for Client, Employee, Rules, Prefs, Phone, Sum, Legend, and Month. The main display area shows a calendar for the week of 10/19 to 10/25. The client is Helen Abbey, and the payer set is 01 - Tufts Associated HMO (N) 05/17/2001-11/07/2002. The skill is SN-RN. The pay unit is Per Visit, the bill unit is Per Visit, and the qual unit is Qualified. The next visit number is 8. The dialog box also shows the order number A01293 and the date 06/16/2005 08:51 AM. The status bar at the bottom indicates "CO-VEND WITH GENTIVA # 731-3050..... Mom's work # 786-8000 EXT. 444" and the time 9:59 AM.

Sat	Sun	Mon	Tue	Wed	Thu	Fri
10/19	10/20	10/21	10/22	10/23	10/24	10/25

Order # : A01293 ☐ Do Not Use

Client : Helen Abbey

Payer Set : 01 - Tufts Associated HMO (N) 05/17/2001-11/07/2002

Skill : SN-RN Next Visit #: 8

Payer Dates : 05/17/2001 11/07/2002

Pay Unit : Per Visit

Bill Unit : Per Visit

Qual Unit : Qualified

QUE 06/16/2005 08:51 AM

CO-VEND WITH GENTIVA # 731-3050..... Mom's work # 786-8000 EXT. 444

Move to first record 9:59 AM

This will cause the **Edit Schedule Order** screen to be displayed. This is an informational display only screen.

Specify Employee

This is a very quick way to assign an employee to a visit. It is important to note that if you use this feature, the system assumes you know that the employee is available and no scheduling conflict or employee tracking warnings will be displayed.

Employee Matching

- On the **Scheduler** screen, right click on a visit (normally an unassigned visit).
- This will display the Visit Menu. On this menu, select either the **Edit Visit** or the **Employee Match** option.
- If you select the **Edit Visit** option, when the Edit Visit screen is displayed, click the **Emp Match** button.
- This will cause the **Employee Match** screen to be displayed.

SAM > Melbourne : GUEST - Scheduler

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Employee Match

Helen Abbey - RN Visit on 10/27/2002 at 09:00 AM

SKILLS & ATTRIBUTES Primary Skill : **SN**

Other Skills : CCA, CNA, Companion, Dietician

Attributes : Able to Lift Over 150 Lbs., Able to Transport, Able to Use Sign Language, Adverse to Cats/Dogs

Buttons: Add Skill >>, Remove, Remove All, Add Attribute >>, Add Reverse >>

Employee Skills & Attributes to Search For

AVAILABILITY

☐ Any
☐ Always Only
☒ Always & Maybe
☐ Day Avail Only

SCHEDULE/TRACKING

☒ Employee Not In Overtime Situation
☒ Employee Not Scheduled Elsewhere
☒ Use Tracking Info

MISCELLANEOUS

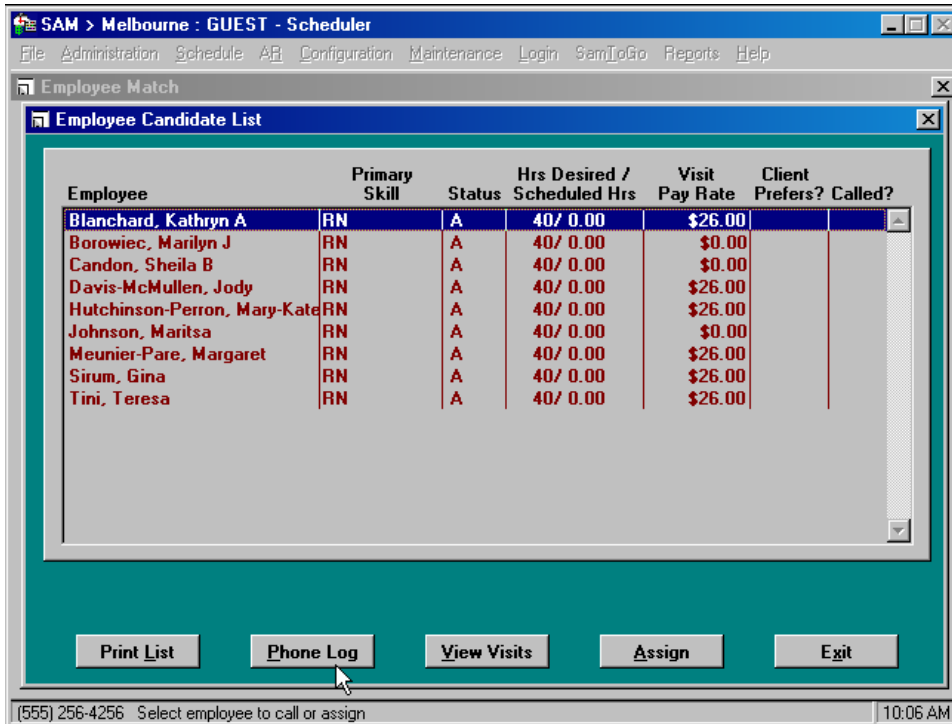
Type : ALL
Status : Active Only
Affiliation : Small
Sex : Either

Buttons: Search, Exit

Select the primary skill of the employees to search for 10:04 AM

- If you click the **Search** button, the system will build a list of employees whose primary skill matches the skill of the visit. Each employee in the list is available or may be available during the time of the visit, is not in an overtime situation, is not scheduled elsewhere, and matches the **Type**, **Status**, **Affiliation**, and **Sex** on the **Miscellaneous** panel of the **Employee Match** screen.

- Upon clicking the **Search** button, the **Employee Candidate List** screen will be displayed.



- You may double click on any employee or choose the **View Visits** button to see the visits that the employee is already confirmed on.
- You may quickly assign an employee to the visit by pressing the **Assign** button.
- The purpose of this screen is to help you call employees in sequence and offer the visit to them. To do this, highlight the employee you want to call and click the **Phone Log** button.
- The **Add Visit Phone Log Entry** screen will be displayed.

SAM > Melbourne : GUEST - Scheduler

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Add Visit Phone Log Entry

Visit Summary

Client : Helen Abbey	Employee : Kathryn A Blanchard
Address : 787 Prospect Avenue West Springfield MA 01089	Address : 25 Wentworth Manor Drive Amherst MA 01002
Phone 1: (555) 739-0474 2: () -	Phone 1: (555) 256-4256 2: () -
3: () - 4: () -	3: () - 4: () -

CURRENT VISIT INFO

Visit Date : 10/27/2002 (Sun)	Current Reg Pay Rate : \$26.00 per visit
Start Time : 09:00 AM (1.00 hours) Specific Hours	Bill Rate : \$80.00 per visit
	Skill : SN-RN

Message Type : Accepted

Duration Offered :

Call Date & Time : 06/16/2005 at 10:06 AM



Modification Date :

Rate Offered : \$26.00 \$26.00 default regular rate for employee

Message :

Enter duration of the assignment that was offered



10:07 AM

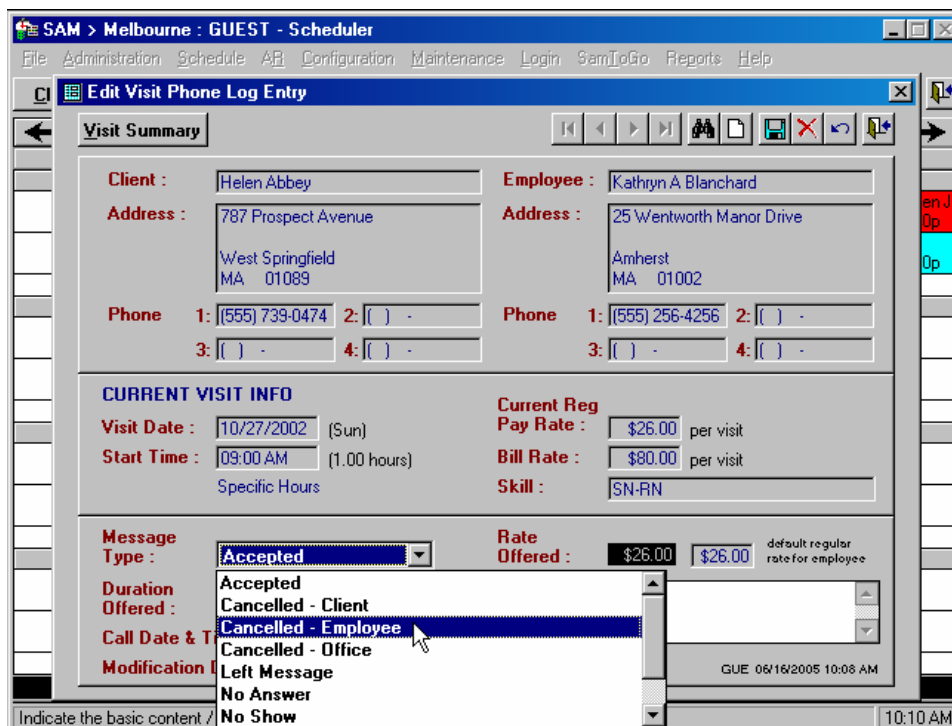
- Call the employee – the employee phone number(s) are displayed in the upper right panel.
- Based on the outcome of the phone call, select the appropriate **Message Type**.
- Enter any other information including a **Message** as needed.
- Click the **Save**  button and then click the **Exit**  button.
- If the employee accepted, clicking the **Save** button will not only save the phone log entry but will also assign the employee to the visit and redisplay the **Scheduler** screen.

If the employee refused the assignment, the **Employee Candidate List** screen will be redisplayed and in the “Called?” column for the employee just called, you will see an “*”. This tells you that the employee has been called for this visit.

Visit Phone Log (Canceling a Visit)

The Visit Phone Log is a powerful feature that allows you to track information regarding changes to visits. It is especially useful when visits are cancelled.

- On the **Scheduler** screen, right click on a visit (normally an assigned visit).
- This will display the Visit Menu. On this menu, select the **Visit Phone Log** option.
- This will cause the **Visit Phone Log** screen to be displayed. If any phone log entries exist, the last one that was added will be displayed.
- To edit an existing phone log, click the **Find**  button to select from a list of the existing phone logs.
- To add a new phone log, click the **New**  button.



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File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Edit Visit Phone Log Entry

Visit Summary

Client : Helen Abbey Employee : Kathryn A Blanchard

Address : 787 Prospect Avenue Address : 25 Wentworth Manor Drive
West Springfield Amherst
MA 01089 MA 01002

Phone 1: (555) 739-0474 2: () - Phone 1: (555) 256-4256 2: () -
3: () - 4: () - 3: () - 4: () -

CURRENT VISIT INFO

Visit Date : 10/27/2002 (Sun) Current Reg Pay Rate : \$26.00 per visit

Start Time : 09:00 AM (1.00 hours) Bill Rate : \$80.00 per visit

Specific Hours Skill : SN-RN

Message Type : Accepted Rate Offered : \$26.00 \$26.00 default regular rate for employee

Duration : Accepted

Offered : Cancelled - Client

Call Date & Time : Cancelled - Employee

Modification : Cancelled - Office

Left Message

No Answer

No Show

Indicate the basic content /

GUE 06/16/2005 10:06 AM 10:10 AM

- Select the appropriate Message Type:
 1. Accepted – if the employee has accepted assignment of the visit. (Also used while performing **Employee Matching**)
 2. Cancelled – Client – if the Client is canceling the visit
 3. Cancelled – Employee – if the employee is canceling the visit
 4. Cancelled – Office – if the office is canceling the visit
 5. Left Message – if you have left a message for the employee regarding the visit (also used while performing **Employee Matching**)
 6. No Answer – if you attempted to reach the employee regarding the visit but there was no answer (also used while performing **Employee Matching**)
 7. No Show – if the employee did not show up for the visit.
 8. Other – if none of the other message types apply, be sure to input a comment.

9. Refused – if the employee has refused assignment of the visit (Also used while performing **Employee Matching**)
- Input an appropriate comment in the **Message** field for later reference.
 - Press the **Visit Summary** button to see more information regarding the visit.

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Visit Summary - Helen Abbey

Blanchard - 10/27 Visit : A01293-A0007

Client : [Blank]
Address & Phone #'s : 25 Wentworth Manor Drive
 Amherst
 MA 01002
Phone : [Blank]

Employee : Kathryn A. Blanchard
Skill : SN-RN Rates: \$26.00V/\$80.00V
Times : 09:00 AM TO 10:00 AM
 1.00 Hour
Status : Confirmed Out of Compliance - Ins Authorization
Comment : [Blank]
Invoice Description : [Blank]
Message : [Blank]

Message Type : [Blank]
Duration Offered : [Blank]
Call Date & Time : 06/16/2005 at 10:08 AM
Modification Date : [Blank]

Default regular rate for employee

GUE 06/16/2005 10:08 AM

Comment entered for the selected visit (right-click/F2 to zoom) 10:11 AM

Visit Phone logs can be searched and printed by choosing the Schedule menu option and selecting Search Phone Log.

Copying a Visit

Copying a visit can be done three ways:

1. If you want to copy one visit to another time or day on the same scheduling screen, control-drag the visit to the desired location. (This method is not available in list mode.)
2. If you want to copy one visit to another time frame, right-click on the visit. The Visit Menu will appear.
 - Select the **Copy Single Visit** option.
 - The **Copy Visit** screen will appear.

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Client Employee Rules Prefs Phone Sum Legend Month 12 11 10 9 8 7 6 5 4 3 2 1

Client : Helen Abbey [A] (555) 739-0474 29.50/1.00/0.00/0.00 Hrs 2002

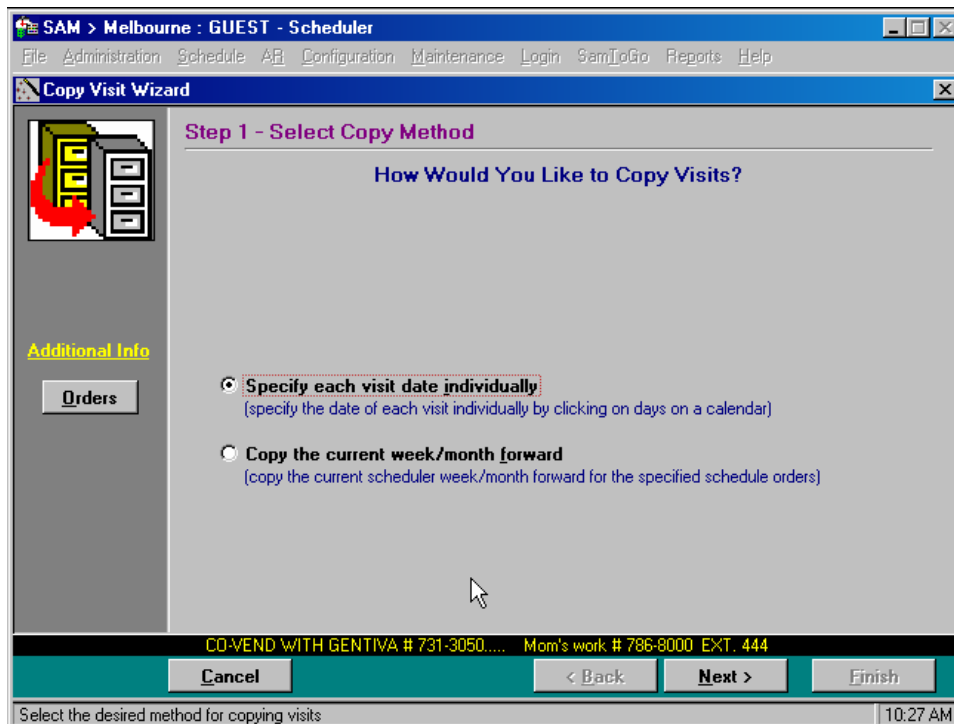
Sat	Sun	Mon	Tue	Wed	Thu	Fri	
10/19	10/20	10/21	10/22	10/23	10/24	10/25	
		Dillon V 09:00a-05:00p	Davis-McMullen J 09:00a-02:00p	Dillon V 09:00a-03:00p	Dillon V 09:30a-03:00p	Davis-McMullen J 09:00a-02:00p	
			Dillon V 09:00a-02:00p			Dillon V 09:00a-02:00p	
10/26	10/27	<div> <div>Copy Visit</div> <div> <p>New Visit</p> <p>Start Date : 10/27/2002</p> <p>New Visit</p> <p>Start Time : 09:00 AM</p> </div> </div>				10/31	11/01
	Blanchard K 09:00a-10:00a						
11/02	11/03				11/07	11/08	
11/09	11/10	11/11	11/12	11/13	11/14	11/15	

CO-VEND WITH GENTIVA # 731-3050..... Mom's work # 786-8000 EXT. 444

Enter new date for visit 10:26 AM

- Enter the **New Visit Start Date** and **New Visit Start Time**. You may input in 12-hour or 24-hour (military) format.
 - Click the "X" button in the upper right of the **Copy Visit** screen.
 - The **Scheduler** screen will appear with the copied visit displayed. If you copied the visit to another week, you will have to navigate to that week to see it.
3. Copy Visit Wizard (to copy multiple visits at one time.)

Copy Visit Wizard



The copy visit wizard offers two ways to copy visits: specifying each visit individually, and copying the current week or month forward.

The first way to use the copy visit wizard is by choosing each individual day to which the current visit should be copied

Clicking on the day on the calendar to which you want the current visit to be copied does this. As you click the days, they are added to the scrolling list of Selected Dates. To remove any selected dates, click on the select date and then click the **Remove** button. The number of visits per day to be copied may be entered.

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Copy Visit Wizard

Step 2 - Select Days to Copy Visits To

Which Days Should the Selected Visit be Copied To?

Date of Selected Visit : 10/27/2002

October 2002

Sat	Sun	Mon	Tue	Wed	Thu	Fri
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

< Remove

< Remove All

Selected Dates

10/29/2002 (Tue)
10/31/2002 (Thu)

of Visits Per Day : 1 (1-9)

CO-VEND WITH GENTIVA # 731-3050..... Mom's work # 786-8000 EXT. 444

Cancel < Back **Next >** Finish

Advance to the next page 10:30 AM

The next screen allows you to define what information on the selected visit should be copied and what type of checking should be done when the new visits are created. Clicking the **Next** button will invoke the copy wizard's finish screen.

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Copy Visit Wizard

Step 3 - Specify Copy Options

How Should the Visits Be Copied & What Checking Should Be Done?

Visit Information

- ☐ **Change Status of Visits to Unassigned**
(copied visits will not have employees assigned to them)
- ☐ **Include Cancelled Visits**
(cancelled visits will be copied with status changed to 'Not Assigned' or 'Confirmed')
- ☐ **Include Comments and Invoice Description**
(comments and invoice description in selected visit on schedule will be copied)
- ☐ **Copy Travel Pay & Bill**
(travel pay and bill in selected visit on schedule will be copied)

Checking to Perform

- ☒ **Use Shift Availability**
(use both shift & day availability to determine whether employee is assigned)
- ☒ **Use Payer Set Dates**
(use Payer Set start & end dates to determine validity of visit dates)
- ☒ **Check for Scheduling Conflicts**
(change status of visit to 'Not Assigned' if the employee is scheduled elsewhere)

CO-VEND WITH GENTIVA # 731-3050..... Mom's work # 786-8000 EXT. 444

Cancel < Back **Next >** Finish

Advance to the next page 10:31 AM

The second way to use the copy visit wizard is to use the current week or month as the copy template.

When this method is chosen, the following screen allows you to define what is to be copied (the week or the month, specific or all schedule orders) and how many weeks or months or schedule are to be created.

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Copy Visit Wizard

Step 2 - Copy Current Schedule Week/Month Forward

Copy Which Orders and How Far Forward?

Copy Same: ☒ Week ☐ Month as Selected Visit

Which Orders : ☒ Selected Order(s) Only ☐ All Schedule Orders

A01188 RN/Pedi/High Tech

of Weeks/Months : 1 starting 11/02/2002

Interval : ☒ Copy Every 1 Weeks/Months
(selected week/month will be copied with the specified interval)

☐ Keep 2 Days Between Visits
(specified number of days between visits will be maintained)

CO-VEND WITH GENTIVA # 731-3050..... Mom's work # 786-8000 EXT. 444

Cancel < Back Next > Finish

Go back to the previous page 2:19 PM

This screen also allows monthly, weekly, and daily intervals to be inserted into the created schedules. The **Next** button will invoke the standard copy wizard configuration screen and the screen after that is the copy wizard finish screen.

Update Visit Wizard

The update visit wizard allows a set of visits to be updated at the same time. To do this, the system must first be told what visits should be updated. This is done using the Step 1 screen.

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Update Visit Wizard

Step 1 - Select Visits to Update

What Visits Would You Like to Update?

Visits With a Date of : ☒ **This Date Forward** 10/27/2002 ☐ **Between** 10/27/2002 - / /

Visits With a Start Time of : ☒ **Any Time** ☐ **Between** 09:00 AM - 05:00 PM

Visits With a Status of : ☒ **Not Assigned or Confirmed** ☐ **Specific Status** Not Assigned

Visits From Schedule Order of : ☒ **Selected Visit** A01188 ☐ **Any Order**

Visits That Occur on : ☒ **Any Day** ☐ **Sunday**

Visits With an Employee of : ☒ **Any Employee** ☐ **Vickie Dillon**

Visits With a Payer of : ☒ **Any Payer** ☐ **A3 - Medicaid P.D. (N) 08/1**

CO-VEND WITH GENTIVA # 731-3050..... Mom's work # 786-8000 EXT. 444

Modify visits after the displayed date or between the user-specified dates 2:20 PM

Once the system knows what visits are to be updated, it must be told what information about the selected visits should be changed. The Step 2 screen allows the user to select what should be updated.

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File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Update Visit Wizard

Step 2 - Select Information to Update

What Information Would You Like to Update?

☐ Employee : Vickie Dillon ☐ Status : Not Assigned

☐ Day : ☒ Specific Day Sunday ☐ Payer : A3 - Medicaid P.D. (N) 0

☐ # of Days ☐ Comment :

☐ Times : 09:00 AM - 05:00 PM ☐ Invoice Desc. :

☐ Pay Rates : ☒ Specific Amount \$0.00 / hr ☐ Default

☐ Bill Rates : ☒ Specific Amount \$0.00 / unit ☐ Default

CO-VEND WITH GENTIVA # 731-3050..... Mom's work # 786-8000 EXT. 444

Advance to the next page 2:21 PM

The Step 3 screen allows the user to define whether or not shift availability and scheduling conflicts should be checked for. By default, this checking is done.

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Update Visit Wizard

Step 3 - Specify Update Options

What Checking Should be Done?

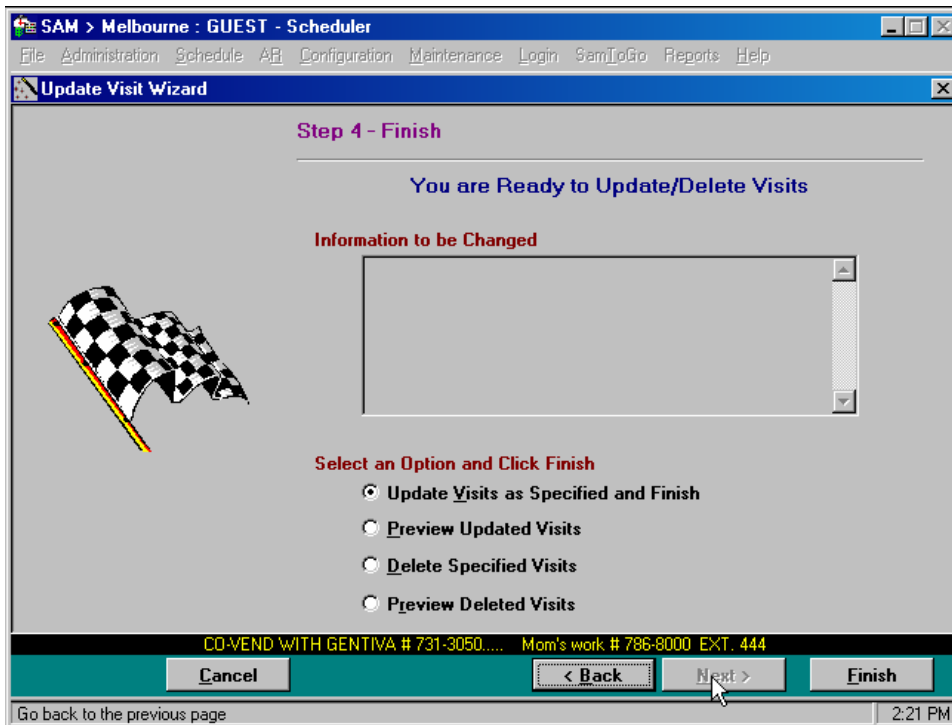
☒ Use Shift Availability
(use both shift & day availability to determine whether employee is assigned)

☒ Check for Scheduling Conflicts
(change status of visit to 'Not Assigned' if the employee is scheduled elsewhere)

CO-VEND WITH GENTIVA # 731-3050..... Mom's work # 786-8000 EXT. 444

Page3 tab 2:21 PM

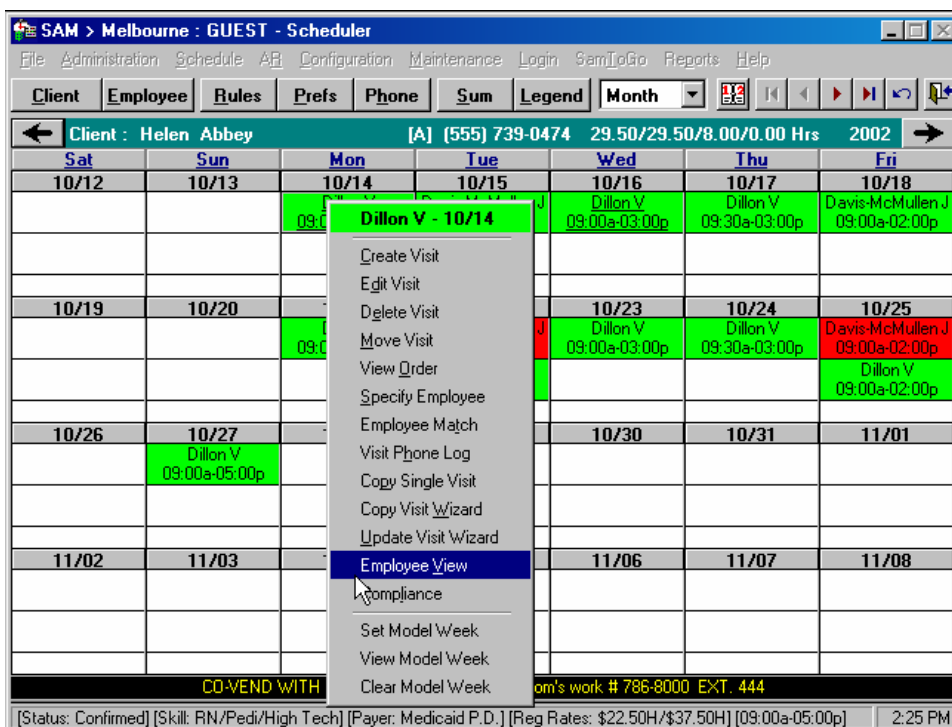
The finish screen summarizes the information that will be changed. On this screen, it can be specified that a preview of update visits be given before the choice is made to commit the changes to the schedule. There is also the option of choosing the delete visits instead of updating them.



The preview screen gives information about the update of each visit. The visit updates are committed to the schedule by clicking the **Continue** button.

Employee – Client View

From the client view of the schedule, normally the visits display the name of the employee servicing the client. To see a visit employee's view of the schedule, right click on the visit and choose the **Employee View** option.



This will cause the schedule screen to refresh with in the employee's view of the current month's schedule.

SAM > Melbourne : GUEST - Scheduler						
File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help						
Client	Employee	Rules	Prefs	Phone	Sum	Legend
Month						
Employee : Vickie Dillon (RN) (555) 566-5078 19.50/29.50/8.00/0.00 Hrs 2002						
Sat	Sun	Mon	Tue	Wed	Thu	Fri
10/12	10/13	10/14	10/15	10/16	10/17	10/18
		Abbey H 09:00a-05:00p		Abbey H 09:00a-03:00p	Abbey H 09:30a-03:00p	
10/19	10/20	10/21	10/22	10/23	10/24	10/25
		Abbey H 09:00a-05:00p	Abbey H 09:00a-02:00p	Abbey H 09:00a-03:00p	Abbey H 09:30a-03:00p	Abbey H 09:00a-02:00p
10/26	10/27	10/28	10/29	10/30	10/31	11/01
	Abbey H 09:00a-05:00p					
11/02	11/03	11/04	11/05	11/06	11/07	11/08
PEDI Another # to call is son Michael 566-3225.						
[Status: Confirmed] [Skill: RN/Pedi/High Tech] [Payer: Medicaid P.D.] [Reg Rates: \$22.50H/\$37.50H] [09:00a-05:00p] 2:26 PM						

You may switch back to the client view by right clicking on one of the client's visit and choosing the **Client View** option.

Assignment Matching

SAM > Melbourne : GUEST - Scheduler						
File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help						
Client	Employee	Rules	Prefs	Phone	Sum	Legend
Month						
Employee : Vickie Dillon (RN) (555) 566-5078 19.50/29.50/8.00/0.00 Hrs 2002						
Sat	Sun	Mon	Tue	Wed	Thu	Fri
10/12	10/13	10/14	10/15	10/16	10/17	10/18
		Abbey H 09:00a-05:00p		Abbey H 09:00a-03:00p	Abbey H	
10/19	10/20	10/21	10/22	10/23	10/24	10/25
		Abbey H 09:00a-05:00p	Abbey H 09:00a-02:00p	Abbey H		Abbey H 09:00a-02:00p
10/26	10/27	10/28	10/29	10/30	10/31	11/01
	Abbey H 09:00a-05:00p					
11/02	11/03	11/04	11/05	11/06	11/07	11/08
PEDI Another # to call is son Michael 566-3225.						
[Status: Confirmed] [Skill: RN/Pedi/High Tech] [Payer: Medicaid P.D.] [Reg Rates: \$22.50H/\$37.50H] [09:00a-03:00p] 2:26 PM						

In the employee view of the schedule, a function called assignment matching is available. This function allows a scheduler to find an assignment for an employee when an employee calls in. To use the function, display the employee's schedule and right-click on any white space.

Selecting the **Assignment Match** option of the short visit menu causes the following screen to appear.

The screenshot shows the 'Assignment Match' window for employee Vickie Dillon - RN. The window is titled 'SAM > Melbourne: GUEST - Scheduler' and has a menu bar with 'File', 'Administration', 'Schedule', 'AR', 'Configuration', 'Maintenance', 'Login', 'SamToGo', 'Reports', and 'Help'. The left sidebar shows a calendar view with dates 10/18, 10/19, 10/20, 10/21, 10/22, 10/23, 10/24, 10/25, 10/26, 10/27, 10/28, 10/29, 10/30, 10/31, 11/1, 11/2, 11/3, 11/4, 11/5, 11/6, 11/7, 11/8, 11/9, 11/10, 11/11, 11/12, 11/13, 11/14, 11/15, 11/16, 11/17, 11/18, 11/19, 11/20, 11/21, 11/22, 11/23, 11/24, 11/25, 11/26, 11/27, 11/28, 11/29, 11/30, 12/1, 12/2, 12/3, 12/4, 12/5, 12/6, 12/7, 12/8, 12/9, 12/10, 12/11, 12/12, 12/13, 12/14, 12/15, 12/16, 12/17, 12/18, 12/19, 12/20, 12/21, 12/22, 12/23, 12/24, 12/25, 12/26, 12/27, 12/28, 12/29, 12/30, 12/31. The main area is divided into several sections:

- EMPLOYEE INFORMATION**: Address: 50 Mountainview Drive, Hampden, MA 01036. Phone #'s: (555) 566-5078. Merit Pay: \$0.00 per hour, \$0.00 per visit.
- Skills & Attributes**: *RN, RN/Pediatrics.
- Availability**: Radio buttons for Any, Always Only, Always & Maybe (selected), Day Avail Only.
- Schedule**: Checkboxes for Not Scheduled Elsewhere (checked), Use Tracking Info (checked).
- SEARCH FOR UNASSIGNED VISITS BY**:
 - Dates: 10/16/2002 To / /
 - Times: Radio buttons for Any (selected), 09:00 AM To 05:00 PM.
 - Use Client Attributes (checked), Use Visit Sub-Skill (checked).
 - Client Type: Any
 - Work Type: Any

At the bottom are 'Search' and 'Exit' buttons. The status bar at the bottom says 'Search for unassigned visits to assign employee to' and '2:27 PM'.

This screen will allow a search for all unassigned visits to which the current employee could be assigned. Clicking the Search button causes the list of visit assignments to be displayed.

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Client Assignment Match

Vickie Dillon - RN

Assignment List

Client	Skill Needed	Visit No	Date/Time	Non-Spec Hours	Client Prefers
Spigarelli, Megan	SN-RN	004679-A0655	10/16/2002 07:00 AM		
Voudren, Kathleen	SN-RN	A01369-A0119	10/16/2002 04:30 PM		
Salois, Barbara	SN-RN	A01131-A0195	10/16/2002 07:00 PM		
Spigarelli, Megan	SN-RN	004679-A0659	10/17/2002 07:00 AM		
Voudren, Kathleen	SN-RN	A01369-A0127	10/17/2002 04:30 PM		
Salois, Barbara	SN-RN	A01131-A0196	10/17/2002 07:00 PM		
Knapp, Neal	SN-RN	A01397-A0052	10/18/2002 09:00 AM		
Rimondi, Nanci	SN-RN	A00085-A0314	10/18/2002 09:00 AM		
Salois, Barbara	SN-RN	A01131-A0177	10/18/2002 09:00 AM		
Tower, Michele	SN-RN	A01478-A0040	10/18/2002 09:00 AM		

Employee Bonus for Client : \$0.00 per hour \$0.00 per visit Default Reg Rate for Emp/Visit : \$26.00

Hours Scheduled (visits) : 19.50 (week) / 6.00 (day) Visit Hours : 1.00 regular

Print List View Visits Visit Summary Assign Assign All Exit

Search Exit

(555) 596-3281 Dbl-click assigns employee to selected visit 2:28 PM

The scheduler may then view details or summary about each visit, edit a visit, or assign one, several, or all of the visits to the current employee. In this way, employees calling the agency looking for assignments can be offered assignments and scheduled while the calling employee is still on the phone.

Compliance Checking

By choosing the compliance option on the visit menu, the system will check all visits in the current schedule for compliance with all doctor order and insurance authorization compliance rules entered for this client. The system will run a compliance check anytime the schedule is changed. A compliance check may optionally be run manually by right clicking on one of the visits belonging to a schedule order and choosing the **Compliance** option.

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File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Client Employee Rules Prefs Phone Sum Legend Month 12 2002

Employee : Vickie Dillon (RN) (555) 566-5078 19.50/29.50/8.00/0.00 Hrs 2002

Sat	Sun	Mon	Tue	Wed	Thu	Fri
10/12	10/13	10/14	10/15	10/16	10/17	10/18
		Abbey H 09:00a-03:00p		Abbey H 09:00a-03:00p	Abbey H 09:30a-03:00p	
10/19	10/20			10/23	10/24	10/25
				Abbey H 09:00a-03:00p	Abbey H 09:30a-03:00p	Abbey H 09:00a-02:00p
10/26	10/27			10/30	10/31	11/01
	Abbey H 09:00a-05:00p					
11/02	11/03			11/06	11/07	11/08

Abbey H - 10/14

- Create Visit
- Edit Visit
- Delete Visit
- Move Visit
- View Order
- Assignment Match
- Visit Phone Log
- Copy Single Visit
- Copy Visit Wizard
- Update Visit Wizard
- Client View
- Compliance**

PEDI Another # to call is son Michael 566-3225.

[Status: Confirmed] [Skill: RN/Pedi/High Tech] [Payer: Medicaid P.D.] [Reg Rates: \$22.50H/\$37.50H] [09:00a-05:00p] 2:29 PM

The **Compliance Summary** screen will be displayed with the results of the check. The information consists of two parts: the top window shows each compliance rule broken into units of frequency (like weeks) with the total visits associated with the rule. The number of visits under the minimum allowed for the rule (Under) and the number of visits that can still be schedule and be within the maximum are displayed (Avail). The bottom window shows visits that are out of compliance along with the reason (Payer Set Dates (Payer Authorization Dates), Dr Order, or Insurance Authorization).

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Compliance Summary

Compliance Rule Deficits Helen Abbey

Pay T Set	Rule Description	Frequency Period Start - End	Total	Under	Avail
D 01	SN - 1-3V As Needed	05/17/2001-07/13/2001		1V	3V
D 01	SN - 1-3V A Week	05/19/2001-05/25/2001	2V	1V	1V
D 01	SN - 1V A Week	06/02/2001-06/08/2001		1V	1V
D 01	SN - 1-3V As Needed	07/14/2001-09/14/2001	1V		2V
D 01	SN - 1V A Week	07/28/2001-08/03/2001		1V	1V
D 01	SN - 1V A Week	08/04/2001-08/10/2001		1V	1V
D 01	SN - 1V A Week	08/11/2001-08/17/2001		1V	1V
D 01	SN - 3-7V A Week	08/15/2001-08/17/2001	2V	1V	5V

Visits Out-of-Compliance

Visit No	Pay Set	Skill	Care Date	Units	Compliance
003733-00013	01	OT	06/26/2001	1V	Ins Auth
003733-00014	01	OT	06/28/2001	1V	Ins Auth
003733-00030	01	OT	09/11/2001	1V	Ins Auth
003733-00029	01	OT	09/14/2001	1V	Ins Auth
003733-00031	01	OT	09/17/2001	1V	Ins Auth
003733-00032	01	OT	09/19/2001	1V	Ins Auth
003733-00033	01	OT	09/25/2001	1V	Ins Auth

Print Lists Continue

Print displayed lists 2:30 PM

How SAM Checks for Compliance:

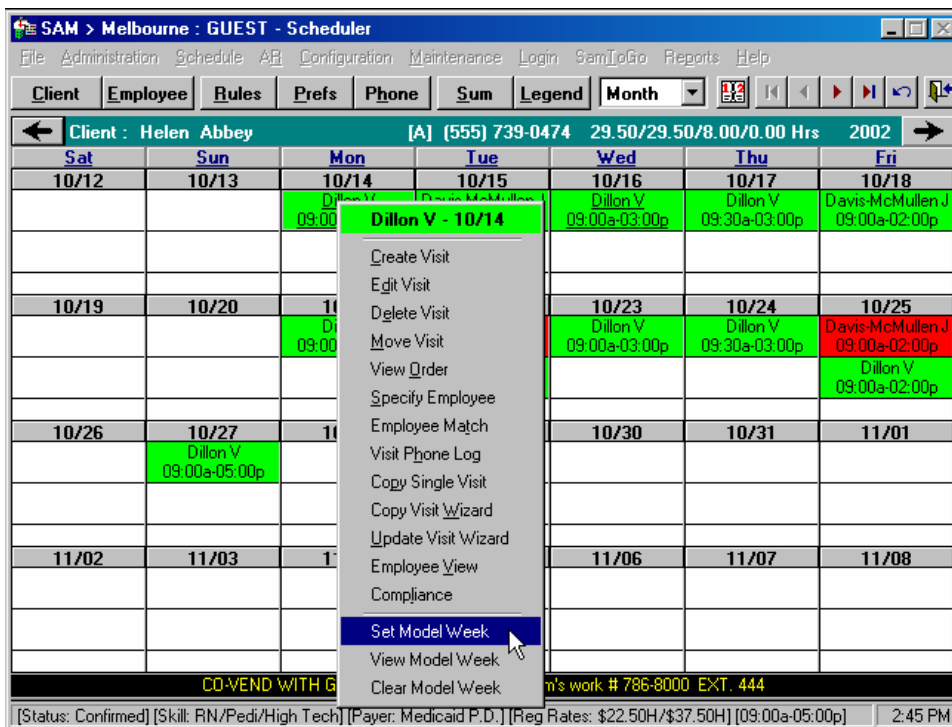
1. Any visit associated with a client and payer that is outside of the client-payers authorization date range will be marked in the schedule as out-of-compliance. This means the visit will turn black on the schedule.
2. Beyond payer authorization date checking, if insurance authorization rules or doctor order compliance rules exist for visit's client-payer-skill, each visit not covered by a rule will be marked out-of-compliance on the schedule.
3. If a rule authorized more visits than are scheduled, the compliance summary screen will show how many more visits are authorized under the rule.
4. The compliance summary screen will also list all out-of-compliance visits.
5. Visits for a client-payer-skill/sub-skill are only checked for compliance if there is a related rule. Visits occurring before the start date of the first rule are not checked for compliance – they are considered in-compliance.
6. If you have created rules for a client that include a rule for the skill level and the sub-skill level, it is important to note that the rule at the sub-skill level will be used first and then the rule at the skill level will be used. For example: If you have a rule for a LPN 3 visits a week and a rule for a LPN-HighTech 3 visits a week. If schedule 4 LPN-HighTech visits in a week and only 2 LPN visits in the same week, all visits are in compliance because the 4th LPN-HighTech visit was compliant under the LPN rule. We typically recommend that rules either be entered at the skill level OR at the sub-skill level.

For more information on compliance checking, see the Compliance Checking presentation in N:\user manuals.

Tip: The compliance checking feature may slow down the verification process. If this is a problem, you may either turn off compliance checking while verifying or delete old compliance rules for patients where compliance checking is slow.

Setting, Viewing, and Clearing Model Week

You may create model schedule weeks per client and then copy these models, all at once, using the copy model week function. This allows agencies that perform the same services, week after week, for certain types of clients, to have the system automatically create the future schedules. First, the model week for a client is set.



Do this by right clicking on a visit (from the client view) within the week to be made the model and selecting the **Set Model Week** option. To view the current model week, right click on a visit within the week and select the **View Model Week** option.

SAM > Melbourne : GUEST - Scheduler

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

View Model Week for Client : Helen Abbey

Day	Payer	Employee	Times	Skill
Mon	Medicaid P.D.	Dillon, Vickie	09:00AM-05:00PM	RN/Pedi/High Tech
Tue	Medicaid P.D.	Davis-McMullen, Jody	09:00AM-02:00PM	RN/Pedi/High Tech
Wed	Medicaid P.D.	Dillon, Vickie	09:00AM-03:00PM	RN/Pedi/High Tech
Thu	Medicaid P.D.	Dillon, Vickie	09:30AM-03:00PM	RN/Pedi/High Tech
Fri	Medicaid P.D.	Davis-McMullen, Jody	09:00AM-02:00PM	RN/Pedi/High Tech

Sort By : ☒ Day ☐ Payer

Remove

SET / CLEAR FOR

Payer : ALL

Skill : ALL

Set Clear Exit

2:48 PM

The **View Model Week per Client** screen allows visits from the model to be removed. The model week for a client can be cleared from the Visit menu. Once models have been created for each appropriate client, the **Copy Model Week** function may be used to create future schedules.

The **Copy Model Weeks** screen will allow the models for all or a specific payer and scheduler to be viewed and copied into the future. To access the **Copy Model Weeks** screen, select menu option Schedule | Copy Model Week. Once the desired copy option has been selected, click the **Copy** button will cause all models to be copied as directed. To view the current client models, click the **Client Model Weeks** button.

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Copy Model Weeks

COPY MODEL WEEKS FOR

Payer : ALL

CSR : ALL

Start Week : 06/16/2001 # of weeks : 1

OPTIONS

☒ Preview Clients To Be Copied ☒ Use Tracking Info

☒ Check for Scheduling Conflicts ☐ Copy Travel Pay & Bill

☐ Copy Visits as Self-Pay if Payer Expired

Copy Client Model Weeks Missing Model Weeks Exit

Press to view clients' model weeks 3:24 PM

This information screen shows how the current models are displayed.

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Information

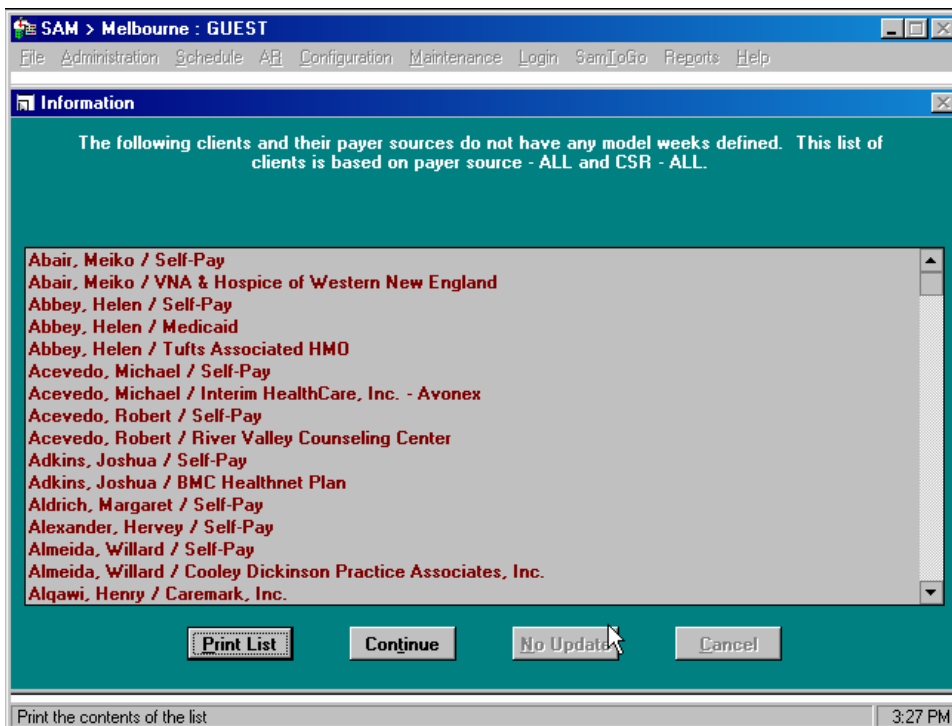
This list of clients and their model weeks is based on payer source - ALL and CSR - ALL.

Abbey, Helen	Mon	Medicaid P.D.	Dillon, Vickie	RN/Pedi/High	09:00A-05:00P
Abbey, Helen	Tue	Medicaid P.D.	Davis-McMullen, Jo	RN/Pedi/High	09:00A-02:00P
Abbey, Helen	Wed	Medicaid P.D.	Dillon, Vickie	RN/Pedi/High	09:00A-03:00P
Abbey, Helen	Thu	Medicaid P.D.	Dillon, Vickie	RN/Pedi/High	09:30A-03:00P
Abbey, Helen	Fri	Medicaid P.D.	Davis-McMullen, Jo	RN/Pedi/High	09:00A-02:00P
Adkins, Brad	Tue	Self-Pay	Mitchell, Jennifer	RN	11:00A-11:15A
Berta, Neung	Sat	Medicaid	Busiere, Sharman	HHA	11:00A-03:00P
Berta, Neung	Mon	Medicaid	Busiere, Sharman	HHA	06:00A-08:00A
Berta, Neung	Tue	Medicaid	Busiere, Sharman	HHA	06:00A-08:00A
Berta, Neung	Wed	Medicaid	Busiere, Sharman	HHA	06:00A-08:00A
Berta, Neung	Thu	Medicaid	Busiere, Sharman	HHA	06:00A-08:00A
Berta, Neung	Fri	Medicaid	Busiere, Sharman	HHA	06:00A-08:00A
Black, Emily	Tue	Medicaid P.D.	Packer, Patricia	HHA	03:30P-06:00P
Black, Emily	Wed	Medicaid P.D.	Packer, Patricia	HHA	03:30P-06:00P
Brooks, Patricia	Mon	Dept. of Veterans Affairs	Steinberg, Eunice	HHA	01:00P-03:30P
Brooks, Patricia	Fri	Dept. of Veterans Affairs	Steinberg, Eunice	HHA	09:00A-11:30A

Print List Continue No Update Cancel

Print the contents of the list 3:27 PM

When creating client models, it may be useful to know which clients have not had models set. Clicking the **Missing Model Weeks** button on the Copy Model Weeks screen can show this.



Adding Supply Items

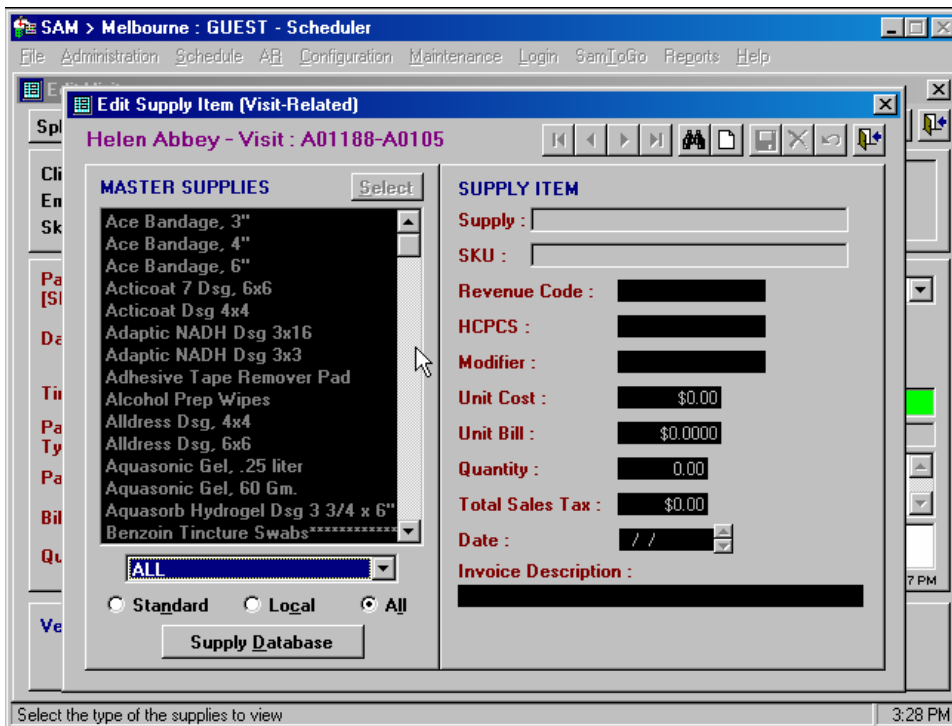
Supply items are entries that record what supplies have been used, how much they cost, and how much is billed to payers.

Supply items may be recorded two ways: 1) they may be associated with the visit, or 2) they may be associated with clients.

Adding Supply Items Associated with Visits

If your company wants to associate supply items to visits, perform the following steps to get to the **Edit Supply Item** screen:

- Click the **Edit Visit** menu option to go to the **Edit Visit** screen. From here, you can click the **Supplies** button to get to the **Edit Supply Item** screen.



- Note that the title of the screen includes “Visit-Related” and that the visit ID is displayed on the top of the screen.

Adding Supply Items Associated with Clients

If your company wants to associate supply items to clients, perform the following steps to get to the **Edit Supply Item** screen:

- From the **Scheduler** screen, click the **Client** button to get to the **Client List** screen.
- Click the client to whom you want to associate a supply item and then click the **Supply Items** button to go to the **Edit Supply Item** screen.

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Client List

ATTRIBUTES
Type : ALL
Status : Active
Payer : ALL
Class : ALL
CSR : ALL
Affiliation : ALL

NAME / SCHEDULED SERVICE
Name Beginning With :
☐ Has visits scheduled during selected week
(10/12/2002 - 10/18/2002)
☐ Has unassigned visits
(06/16/2005 - 06/29/2005)
☐ Use Client/Payer CSR
Refresh
Reset List

Client	Admit	Status	Entry Date	Phone	City
Abbey, Helen	02	A	05/16/2001	(555)739-0474	West Springfield
Aldrich, Margaret	01	A	07/10/1999	(555)781-5070	Springfield
Alqawi, Henry	01	A	10/23/2001	(555)525-0118	East Longmeadow
Anders, Israel	01	A	07/19/2000	(555)434-4358	Omaha
Anderson, Antoinette	A2	A	07/31/2002	(555)796-7667	Springfield
Anderson, Edith	01	A	11/02/2000	(555)246-0807	Agawam
Angeli, Agnes	01	A	09/19/2002	(555)442-1369	Pittsfield
Arzola, Roberto	01	A	07/31/2002	(555)747-2361	Springfield
Atwood, Marjorie	01	A	03/25/1999	(555)593-8805	Chicopee
Auerbach, Francis	01	A	06/14/2002	(555)568-0801	Westfield
Barns, Donald	A2	A	08/16/2002	(555)734-7416	Springfield

Select Supply Items Service Items Exit

Select Client to process. Client # - 002080 3:29 PM

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Edit Supply Item (Client-Related)

Helen Abbey

MASTER SUPPLIES
Ace Bandage, 3"
Ace Bandage, 4"
Ace Bandage, 6"
Acticoat 7 Dsg, 6x6
Acticoat Dsg 4x4
Adaptic NADH Dsg 3x16
Adaptic NADH Dsg 3x3
Adhesive Tape Remover Pad
Alcohol Prep Wipes
Alldress Dsg, 4x4
Alldress Dsg, 6x6
Aquasonic Gel, .25 liter
Aquasonic Gel, 60 Gm.
Aquasorb Hydrogel Dsg 3 3/4 x 6"
Benzoin Tincture Swabs*****
ALL
Standard Local All
Supply Database

SUPPLY ITEM
Supply :
SKU :
Revenue Code :
HCPCS :
Modifier :
Unit Cost : \$0.00
Unit Bill : \$0.0000
Quantity : 0.00
Total Sales Tax : \$0.00
Date : / /
Invoice Description :
Payer :
Self-Pay

Select the type of the supplies to view 3:29 PM

Using the Edit Supply Item Screen

- Click the New  button to add a supply item.

Master Supplies Section

This section contains a list of supplies. By default the list displays all supplies in the database.

- You have three options for listing supplies in the list:

Standard—Click on this option if you want to list supplies that are standard across all offices.





Local—Click on this option if you want to list supplies that are customized to your office.

All—Click on this option to list standard and local supplies.

- Click the supply from the list, and then click the **Select** button. Or simply, double-click on the supply.
- If the supply is selected correctly, it will be displayed in the **Supply** field in the **Supply Item** section.
- The **Supply Database** button will take you to the supply database.

Supply Item Section

This section defines the attributes of the supply item you want to add.

- The name of the supply is displayed in the **Supply** field.
- If the supply has an SKU, it is displayed in the **SKU** field.
- If the supply has been assigned a Revenue Code (UB92), HCPC (UB92 & HCFA 1500) or Modifier (HCFA 1500), these will also be displayed.
- Default values for unit cost, unit bill, quantity, and total sales tax of the supply item are displayed.
- Edit these values appropriately.
- Enter the date the supply was used.
- Enter an invoice description for the supply. (Optional)
- Select the appropriate payer set from the combo box who is to pay for the supply. Note that the list of available payer sets is dependent on the date the supply was used.
- Click the **Save**  button to save the supply item.
- Click the **New**  button again to add another one.
- Click the **Find**  button to view existing supply items.
- Click the **Exit**  button to leave the screen.

Adding Service Items

Service items are entries that record what services have been rendered, how much they cost, and how much is billed to payers. Service items are always associated with clients. Perform the following steps to get to the **Edit Service Item** screen:

- From the **Scheduler** screen, click the **Client** button to get to the **Client List** screen.

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Client List

ATTRIBUTES

Type : ALL

Status : Active

Payer : ALL

Class : ALL

CSR : ALL

Affiliation : ALL

NAME / SCHEDULED SERVICE

Name Beginning With :

☐ Has visits scheduled during selected week
(10/12/2002 - 10/18/2002)

☐ Has unassigned visits
(06/16/2005 - 06/29/2005)

☐ Use Client/Payer CSR

Refresh

Reset List

Client	Admit	Status	Entry Date	Phone	City
Abbey, Helen	02	A	05/16/2001	(555)739-0474	West Springfield
Aldrich, Margaret	01	A	07/10/1999	(555)781-5070	Springfield
Alqawi, Henry	01	A	10/23/2001	(555)525-0118	East Longmeadow
Anders, Israel	01	A	07/19/2000	(555)434-4358	Omaha
Anderson, Antoinette	A2	A	07/31/2002	(555)796-7667	Springfield
Anderson, Edith	01	A	11/02/2000	(555)246-0807	Agawam
Angeli, Agnes	01	A	09/19/2002	(555)442-1369	Pittsfield
Arzola, Roberto	01	A	07/31/2002	(555)747-2361	Springfield
Atwood, Marjorie	01	A	03/25/1999	(555)593-8805	Chicopee
Auerbach, Francis	01	A	06/14/2002	(555)568-0801	Westfield
Barns, Donald	A2	A	08/16/2002	(555)734-7416	Springfield

Select Supply Items Service Items Exit

Select Client to process. Client # - 002080 3:33 PM

- Click the client to whom you want to associate a service item and then click the **Service Items** button to go to the **Edit Service Item** screen.

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Client List

Edit Service Item

Helen Abbey

MASTER SERVICES

Select

Avonex Bonus

Balance Forward

DNA Cancellation Fee

DNA Test - 1 Client

DNA Test - 2 Clients

DNA Test - 3 Clients

Flu shots

Freight

Hepatitis

In-Touch Installation

In-Touch Monitoring

Mileage Charge

Not home for scheduled visit

Office Evaluation

Standard Local All

Service Database

SERVICE ITEM

Service

Unit Cost \$0.00

Unit Bill \$0.00

Quantity 0.00

Total Sales Tax \$0.00

Date / /

Invoice Description

Payer Self-Pay

Go to Service Definition form to define a new supply 3:33 PM

- Click the **New** button to add a service item.

Master Services Section

This section contains a list of services. By default the list displays all services in the database.

- You have three options for listing services in the list:

Standard—Click on this option if you want to list services that are standard across all offices.




Local—Click on this option if you want to list services that are customized to your office.

All—Click on this option to list standard and local services.

- Click the service from the list, and then click the **Select** button. Or simply, double-click on the service.
- If the service is selected correctly, it will be displayed in the **Service** field in the **Service Item** section.
- The **Service Database** button will take you to the service database.

Service Item Section

This section defines the attributes of the service item you want to add.

- The name of the service is displayed in the **Service** field.
- Default values for unit cost, unit bill, quantity, and total sales tax of the service item are displayed.
- Edit these values appropriately.
- Enter the date the service was rendered.
- Enter an invoice description for the service. (Optional)
- Select the appropriate payer set from the combo box who is to pay for the service. Note that the list of available payer sets is dependent on the date the service was used.
- Click the **Save**  button to save the service item.
- Click the **New**  button again to add another one.
- Click the **Find**  button to view existing service items.

NOTE: When creating Medicare PPS invoices, the system will automatically create PPS RAP and PSP EOE type service items. These types of service items maybe viewed, but you cannot delete them.

- Click the **Exit**  button to leave the screen.

Adding Pay Items

Pay items are entries that record special tasks performed by an employee (not related to visits), how much is paid to the employee, and how much is billed to payers. Pay items are always associated with employees. Perform the following steps to get to the **Edit Pay Item** screen:

- From the **Scheduler** screen, click the **Employee** button to get to the **Employee List** screen.

The screenshot shows the 'Employee List' window in the SAM > Melbourne : GUEST - Scheduler application. The window has a menu bar (File, Administration, Schedule, AB, Configuration, Maintenance, Login, SamToGo, Reports, Help) and a title bar. Below the title bar, there are two main sections: 'ATTRIBUTES' and 'NAME / SCHEDULED SERVICE'. The 'ATTRIBUTES' section contains four dropdown menus: Skill (ALL), Type (ALL), Status (Active), and Affiliation (ALL). The 'NAME / SCHEDULED SERVICE' section contains a text field for 'Name Beginning With', a checkbox for 'Has visits scheduled during selected week', and two buttons: 'Refresh' and 'Reset List'. Below these sections is a table of employees with columns: Employee, Status, Skill, Phone, SSN, and City. The table lists 15 employees, with 'Acevedo, Tanya' at the top. At the bottom of the window, there are three buttons: 'Select', 'Pay Items' (which is highlighted with a mouse cursor), and 'Exit'. The status bar at the very bottom shows 'Select Employee to process. Employee # - 000136' and the time '3:36 PM'.

Employee	Status	Skill	Phone	SSN	City
Acevedo, Tanya	A	HHA	(800)538-8792	124-53-1111	Melbourne
Alleyne, Francis E	A	HHA	(555)783-0033	127-49-1878	Springfield
Almy, Helen	A	CNA	(555)569-2509	124-69-9083	Southwick
Asselin, Nancy Y	A	HHA	(555)731-5707	255-81-7240	Springfield
Bailey, Jennifer	A	HHA	(555)733-5224	140-69-6813	West Springfield
Beaulieu, Nycole	A	RN	(555)267-3907	124-51-7739	Monson
Beck, Sonia J	A	MSW	(555)562-3924	142-61-4862	Westfield
Behrens, Kate	A	OT	(555)562-5114	541-94-2711	Westfield
Bennett, Valerie	A	PT	(555)786-5357	135-66-1061	Feeding Hills
Binsbacher, Pamela	A	PT	(555)596-9366	117-51-9352	Wilbraham
Black, Christine	A	RN	(555)789-3128	193-49-8009	Agawam
Blanchard, Kathryn A	A	RN	(555)256-4256	229-45-9073	Amherst

- Click the employee to whom you want to associate a pay item and then click the **Pay Items** button to go to the **Edit Pay Item** screen.

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Employee List

Edit Pay Item

Tanya Acevedo

PAY ITEM Closed - 10/29/1999

Item Type : In-House Training

Date : 10/28/1999

Amount Paid : Dollar Amount \$0.00

Rate	Hours	Total
\$5.25	1.50	\$7.87

Comment : 10/28/99 oasha training paid week ending 10/29/99

REIMBURSEMENT INFORMATION

Client : [Select]

Payer : [Select]

Bill Amount : \$0.00

Invoice Desc. : [Text Box]

RAK 11/03/1999 04:28 PM

Enter payitem comments - appears on sales and payitem reports (right-click/F2 to zoom) 3:37 PM

- Click the **New**  button to add a pay item.

Pay Item Section




This section defines how much is paid to the employee.

- Click on the pay item you want to add from the **Pay Item** combo box.
- Note that some fields are enabled or disabled depending on which pay item you select. For example: If you select the “Bonus (affect Overtime), you will have the option to select a start/end date. This reflects the payroll week that the OT should be calculated for. If you enter a date that does represent the start of end of a week, the system will “snap” to the start or end of the week.
- Enter the date the pay item occurred.
- If an end date is required for the pay item, enter it too.
- If the pay item is paid as a flat dollar amount, enter the amount in the **Dollar Amount** field.
- If the pay item is paid hourly, enter the hourly rate and the number of hours in the **Rate X Hours** fields.

Reimbursement Information Section

If the client’s payer may reimburse the pay item, this section defines how much is billed.

- Click the **Select** button to identify the client involved in the service.
- Select the appropriate payer set from the **Payer** combo box. Note that the list of available payers is dependent on the date the pay item occurred.
- Enter the proper bill amount in the **Bill Amount** field.
- Enter an invoice description. (Optional)

- Click the **Save**  button to save the pay item.
- Click the **Find**  button to view existing pay items.
- Click the **Exit**  button to leave the screen.

The following are the type of Pay Items:

Pay Item Description	Rate and Hours	Dollar Amount	Affects OT	Taxable
Bonus (affects overtime) Note: The bonus \$ is added to the “total amount \$” before “average \$” is calculated	No	Yes	Yes	Yes
Bonus (doesn't affect overtime)	No	Yes	No	Yes
Holiday	Yes	No	Yes	Yes
In-House Training	Yes	No	Yes	Yes
In-Office Temp	Yes	No	Yes	Yes
On-Call	No	Yes	No	Yes
Other No Tax	No	Yes	No	No
Other Tax	No	Yes	No	Yes
Reimbursement	No	Yes	No	No
Show Up	No	Yes	No	Yes
Sick	Yes	No	Yes	Yes
Uniform Allowance	No	Yes	No	No
Vacation	Yes	No	Yes	Yes

Show Compliance

Selecting this menu option will toggle the “Show Compliance” on/off.

If “Show Compliance” is on, all visits that are out of compliance will be display as “black” and compliance checking will be processed when adding, modifying or deleting visits.

If “Show Compliance” is off, out of compliance visits will not be displayed as blank and compliance checking will not be processed when adding, modifying or deleting visits.

Turning off this option will speed up the process of scheduling your visits.

Show Employee OT (*)

Selecting this menu option will toggle the “Show Employee OT” on/off.

If “Show Employee OT” is on, visits that occur in a week where the employee is in an overtime situation have a “*” displayed.

If “Show Employee OT” is off, visits that occur in a week where the employee is in an overtime situation will not have a “*” displayed.

If you would like to suppress any of the warnings regarding an employee going into an overtime situation, you can add the following line to your n:\sam.ini file:

Ini_Show_Overtime_Warning, F

Printing Post-Verification Reports

Before closing the week, the following reports should be generated and reviewed:

1. Verified Visit
2. Pay Item
3. Service Item
4. Supply Item
5. Transportation

For instructions see the section on Reports.

Calculating Overtime at the Front Office

In order to assure that critical processes are working with static data, the system will not allow this process if anyone is doing any of the following in the database: Close Week, Calculate Overtime, Create Invoices, Create Automatic Contractuals, Transmit Claims, Make Adjustments (Items, Invoices, Rebills, Reviewing and accepting, etc.), Payroll Export and Updating Visit Rates.

You may choose to calculate overtime at anytime. An overtime screen will pop up and display the overtime cases. Overtime is calculated across all offices for the previous week.

SAM now offers 2 ways to calculate overtime pay for your employees:

Algorithm A: Overall Average Rate

Algorithm A is the default overtime calculation. This algorithm calculates an overtime rate based on the overall average pay rate of an employee per week. The average rate is computed by dividing the total pay for the week by the total hours for the week (of visits and/or pay items that count towards overtime). One-half the average pay rate is then ADDED to each overtime hour.

Algorithm B: Item Average Rate

Algorithm B calculates an individual overtime rate per visit and/or pay item. The overtime rate is computed by determining the average rate of the individual visit/pay item (considering regular pay, holiday pay, etc.), then REPLACING the pay rate of the visit/pay item with 1.5 times the average. This algorithm is consistent with existing overtime laws. Note: All employees must agree to the use of this algorithm before its use.

To activate this overtime option, add the following line to your n:\sam.ini file:

Ini_ot_algorithm,B

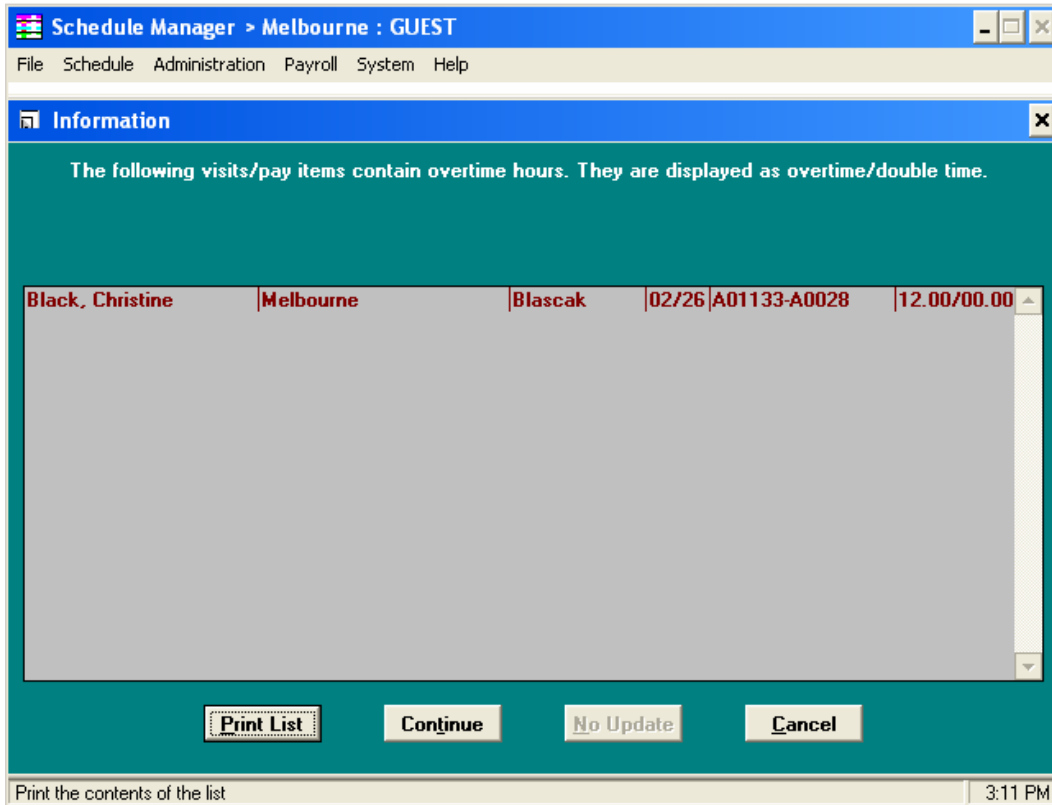
If you choose to use overtime option B, it will be important to update the n:\sam.ini file for your back office and all of your front offices, so that all of your offices are calculating overtime using the same option.

By default, 40 hours of work by an employee in one week is what will trigger any additional hours in the week to go into overtime. You can control the number of hours that will trigger overtime for an employee. If you do not have this variable set, SAM will use the default of 40 hours. To use this feature, enter the following line in your n:\sam.ini file where ## is the number of hours that should trigger overtime (example: 48):

Ini_weekly_ot, 48

- To **Calc Overtime**, select menu option AR | Calc Overtime.
 - If Overtime is found, the following information screen will be displayed

- Click on the **Print** button to print an overtime report.
- Click on the **Cancel** button to exit from this screen.



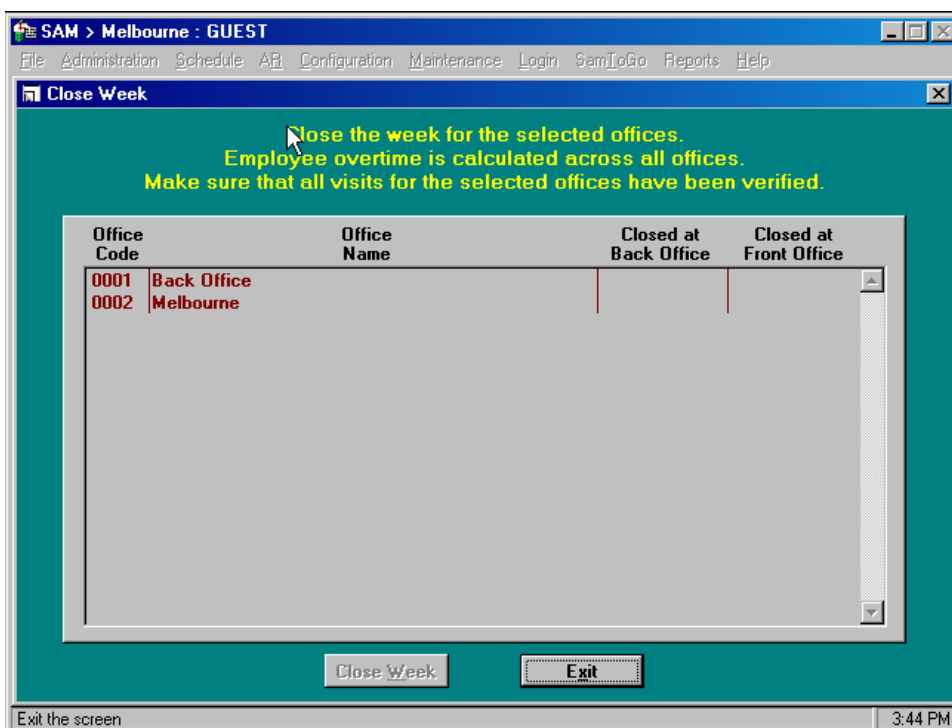
Closing the Week after Verification at the Front Office

In order to assure that critical processes are working with static data, the system will not allow this process if anyone is doing any of the following in the database: Close Week, Calculate Overtime, Create Invoices, Create Automatic Contractuals, Transmit Claims, Make Adjustments (Items, Invoices, Rebills, Reviewing and accepting, etc.), Payroll Export and Updating Visit Rates.

After all verification is finished and all work items are ready for payroll, the next step is to close the week. This locks down the work items so that they cannot be edited and prepares them for payroll and invoicing. The week may be closed many times, so that one segment of the business within an office can be verified, closed, patrolled and billed before another segment of the business.

The week is closed first at the front office. Once the Data Exchange has occurred, either automatically or on demand, the office must be closed at the back office before payroll or billing can occur. This gives the back office the opportunity to re-verify the week's information before performing the final close.

- To **Close Week**, select menu option AR | Close Week. Selecting this option causes the **Close Week** screen to be displayed.



The **Close Week** screen displays a list of the offices in the front office's database. This is normally one office but it is possible to separate a site into multiple offices. The week is closed for an office by highlighting the office and clicking the **Close Week** button.

Overtime Report

If the close week function detects that some employee have overtime, an overtime screen will pop up and display the overtime cases. It is a good practice to print this overtime list every time it is displayed; then cancel the close week process to correct any overtime problems, and/or print a new verified visit report that shows the overtime information.

SAM now offers 2 ways to calculate overtime pay for your employees:

Algorithm A: Overall Average Rate

Algorithm A is the default overtime calculation. This algorithm calculates an overtime rate based on the overall average pay rate of an employee per week. The average rate is computed by dividing the total pay for the week by the total hours for the week (of visits and/or pay items that count towards overtime). One-half the average pay rate is then ADDED to each overtime hour.

Algorithm B: Item Average Rate

Algorithm B calculates n individual overtime rate per visit and/or pay item. The overtime rate is computed by determining the average rate of the individual visit/pay item (considering regular pay, holiday pay, etc.), then REPLACING the pay rate of the visit/pay item with 1.5 times the average. This algorithm is consistent with existing overtime laws. Note: All employees must agree to the use of this algorithm before its use.

To activate this overtime option, add the following line to your n:\sam.ini file:

Ini_ot_algorithm,B

If you choose to use overtime option B, it will be important to update the n:\sam.ini file for your back office and all of your front offices, so that all of your offices are calculating overtime using the same option.

By default, 40 hours of work by an employee in one week is what will trigger any additional hours in the week to go into overtime. You can control the number of hours that will trigger overtime for an employee. If you do not have this variable set, SAM will use the default of 40 hours. To use this feature, enter the following line in your n:\sam.ini file where ## is the number of hours that should trigger overtime (example: 48):

Ini_weekly_ot, 48

- Click on the **Print** button to print an overtime report.
- Click on the **Cancel** button to cancel the close week function.

Schedule Manager > Melbourne : GUEST

FileScheduleAdministrationPayrollSystemHelp

Information

The following visits/pay items contain overtime hours. They are displayed as overtime/double time.
Pressing 'Continue' causes close week to continue. 'Cancel' allows rates and/or hours to be modified before closing the week.

Black, Christine	Melbourne	Blascak	02/26	A01133-A0028	12.00/00.00
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Print List

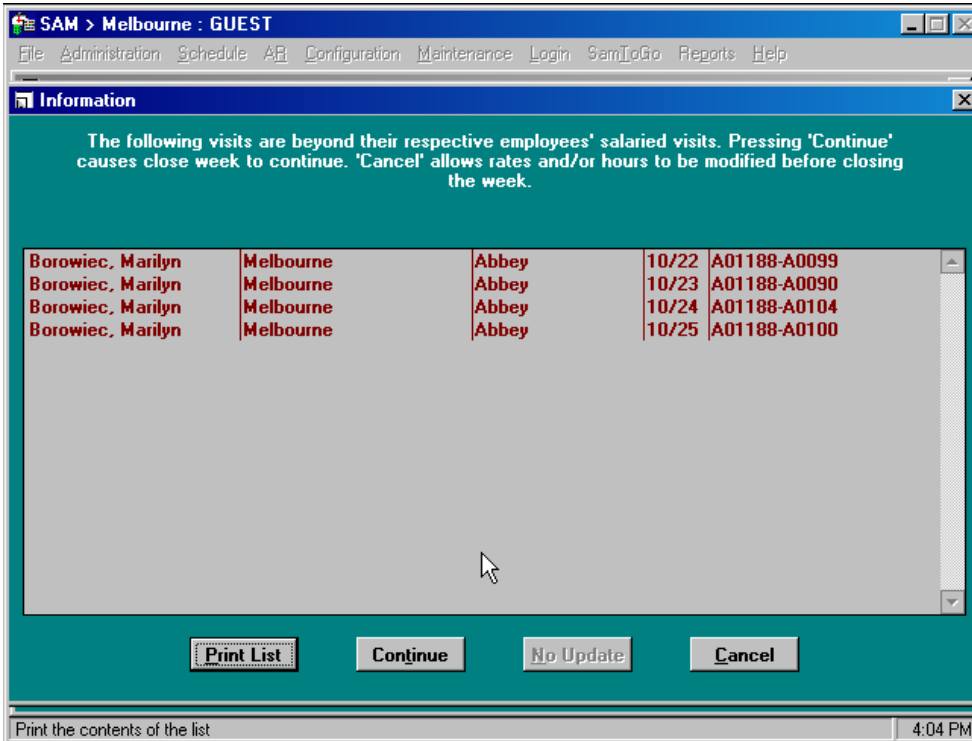
Continue

No Update

Cancel

Print the contents of the list3:13 PM

Salaried Visits Information



If verified visits exist for salaried employee and these visits cause the employees to surpass the number of hours they are normally expected to work as a part of their salary, the following screen is displayed. Visits within the limit are not exported to payroll. Visits beyond the limit are exported to payroll with the pay rate associated with the visits.

Pressing the **Continue** button on this screen will cause the close week processing to complete. The week will be marked as closed and the status of all verified visits will be changed to a status of closed. Closed visits cannot be edited. They can only be adjusted using the "Make Adjustments" function.

Verified Visit Report with Overtime

After overtime calculations have been encountered during the close week function, a **Verified Visit Report** should be reprinted to show the overtime calculations. Please refer to the **Visit Report** section in the manual.

Patient Management

Defining a Patient

Once it is determined that a patient is to receive services from the agency, a patient must be admitted into the agency. A patient is admitted into the agency using the **Clinical Information** function to specify patient clinical information. After a patient is admitted, Plans of Care and/or OASIS Assessments may be entered for the patient using the Clinical Information function.

All patients that you will track clinical information for are originally defined as clients with a client type of “Patient” using the **Client** function. The list of patients presented on the **Patient List** screen associated with the **Edit Patient** screen contains all of the clients currently defined in your system with a client type of “Patient”.

Finding a Patient

- To access the **Patient** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.

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File Administration Schedule AR Configuration Maintenance Login SamIoGo Reports Help

Edit Patient

Define Plan of Care/Verbal Order Define OASIS Assessment

PATIENT VITALS Client # :

Patient Name :

Address :

City :

State : Zip Code :

Phone # :

Birth Date :

Sex :

Entry Date :

CLINICAL INFORMATION

Agency Start of Care : (Required for Plan of Care/OASIS)

Agency Current Status : Edit

Agency Admit Date : (Required for Plan of Care/OASIS)

Agency Discharge Date :

Patient Type :

Disaster Code :


Source of Admission :

☐ Do Not Resuscitate

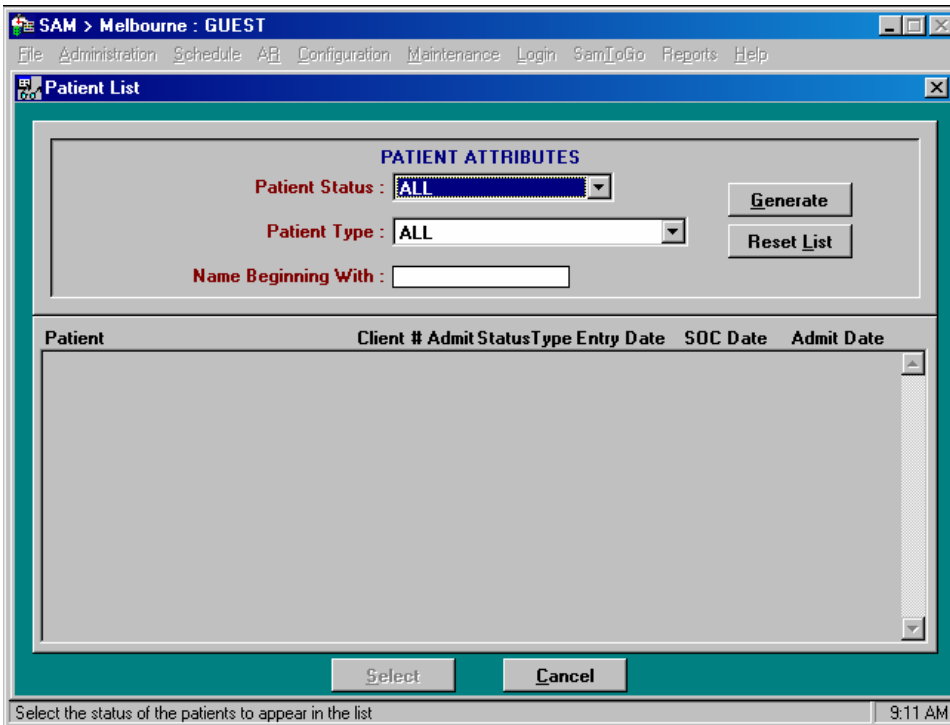
MISCELLANEOUS

Comment :

Move to first Patient 4:40 PM

- On the **Edit Patient** screen, click the **Find**  button on the toolbar.

The **Patient List** screen will be displayed.



PATIENT ATTRIBUTES

Patient Status :

Patient Type :

Name Beginning With :

Patient	Client #	Admit Status	Type	Entry Date	SOC Date	Admit Date
---------	----------	--------------	------	------------	----------	------------

Select the status of the patients to appear in the list 9:11 AM

- Select the **Status** of the patient you would like to see.
- Select the **Type** of the patient you would like to see.
- You may also enter part or the patient's entire last name in the **Name Beginning With** field.
- Click the **Generate** button to generate a list of patients who meet the criteria you have specified.

- Select a patient in the list and click the **Select** button.

PATIENT ATTRIBUTES

Patient Status :

Patient Type :

Name Beginning With :

Patient	Client #	Admit Status	Type	Entry Date	SOC Date	Admit Date
Adkins, Joshua	A00571	01	I	10/02/2002		
Aseltine, Connie	A00272	A2	I	10/02/2002		
Bernier, Satyapal	A00568	01	I	10/01/2002		
Best, Harry	A00564	01	I	09/30/2002		
Blanner, Anthony	A00514	01	I	09/12/2002		
Bourque, Andrew	A00148	A2	I	08/16/2002		
Champagne, Hyman	A00509	01	I	09/11/2002		
Chartrand, Helene	A00448	01	I	08/23/2002		
Collinson, Rachelle	A00566	01	I	10/01/2002		
Comstock, Edna	A00475	01	I	08/30/2002		
Cremins, Marian	A00546	01	I	09/19/2002		
Deyo, Gail	A00477	01	I	08/30/2002		
Dion, Alan	A00503	01	I	09/10/2002		

Select Patient to process: Client # - A00571 9:13 AM

- The **Edit Patient** screen will be displayed.

You will notice that the Patient Vitals section is filled in with the selected patient's information that was entered on the Client's profile. The Clinical Information will be blank except the **Agency Current status** field will display "Incomplete".

Admitting a Patient into the Agency

In order to admit a patient into the agency, the patient's **Agency Start of Care** date must be entered and the patient's **Agency Current Status** must be changed from "Incomplete" to "Active" (which will in turn set the patient's **Agency Admit Date**). This is accomplished using the **Edit Patient** screen associated with the **Define Patient** function.

- To access the **Define Patient** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen is displayed.
- Display the details of the patient you want to admit. (See section, **Finding a Patient**)


NOTE:


It is important to understand that admitting a patient into the agency is based on the first service that the patient is to receive from the agency no matter which payer is paying for the service. The Agency Current Status, the Agency Start of Care date, and the Agency Admit Date fields on the Edit Patient screen are all based on the care date of the first service the patient receives from the agency. It does not matter whether a private insurance company, Medicare, or Medicaid pays for the service, or whether the patient pays for the service himself or herself as "Self-Pay".


Enter the patient's **Agency Start of Care date**. This date should be the earliest date the patient receives care from the agency no matter which payer is paying for the service. (The Entry Date displayed on the screen is the date the patient information was first entered into the system using the Client function and may be used as a reference.)

Click the **Edit** button next to the Agency Current Status field in order to change the patient's status.

The Edit Patient Agency Status screen will be displayed.

- Click the **New**  button on the toolbar to add a new Patient Agency Status.
- Make sure the status of “Active” is displayed in the **Status** combo box.
- Enter a date in the **Status Date** field. This date should be the date the patient is admitted into the agency. This date will become the patient’s **Agency Admit Date**. (The **Agency Start of Care** date displayed at the top of the screen may be used as a reference for this value.)
- The **Reason** field is disabled for a status of “Active”, but will be enabled for other statuses.


- Click the **Save**  button on the toolbar to save the new status.
- Verify that the list on the **Edit Patient Agency Status** screen now displays a row with the Date column containing the correct **Agency Admit Date** value and the Status column containing “Active” for the **Agency Current Status** value.

- Click the **Exit**  button on the toolbar to exit the **Edit Patient Agency Status** screen.

The **Edit Patient** screen will be redisplayed.


You will notice that the Clinical Information section now contains an **Agency Start of Care** date, the **Agency Current Status** is now “Active”, and the **Agency Admit Date** is filled in.

At this time you may finish entering the patient’s clinical information.

- Make sure the **Patient Type** combo box value is correct.
- Select the patient’s **Disaster Code** value (this field is not required).
- Select the appropriate **Source of Admission** for any Medicare patients. This will be included on Medicare RAP and EOE UB92 claims.
- Select the appropriate choice for **Do Not Resuscitate**, if this box is checked it will print in Locator 21 (Orders) on the Plan of Care.
- Click the **Save**  button on the toolbar to save the patient’s clinical information.

The patient is now admitted into the agency.

You now have several options:

1. You may now define a Plan of Care for the patient by clicking the **Define Plan of Care/Verbal Order** button (See section **Entering a New Plan of Care**).
2. You may now define an OASIS for the patient by clicking the **Define OASIS Information** button (See section **Entering OASIS Information**).
3. You may continue admitting other patients using the **Edit Patient** screen.
4. You may exit the **Edit Patient** screen by clicking the **Exit**  button.

Modifying a Patient's Agency Status

After a patient has been admitted into the agency (see section **Admitting a Patient into the Agency**), a patient's **Agency Current Status** may be modified using the **Edit Patient** screen. A patient's status may be "Incomplete", "Non Admitted", "Active", "Hold", "Discharged", or "Transferred". A date is associated with each status.

You may add a "Discharge" status on the same day as the "Active" status, but no other statuses may be added for the patient on the same day as the "Active" status.

You cannot add another status after a status of "Discharged."

The status of "Transferred" would be used for clients that have not been discharged by the agency but the file may have been transferred to another office within the agency.

It is important to not modify the existing status of the patient by overwriting the patient's current status record. Instead a new patient status record should be created containing the new patient status. In this way, a history of the change in the patient's status is maintained. The following sections describe how to add a new patient status record whenever the patient's status changes.

Non Admitting a Patient into the Agency

Patients are defined as clients with a client type of "Patient" using the **Client** function. All new patients will have a default status of "Incomplete". If it is decided that a patient is not to be admitted into the agency for services (and therefore does not need a Plan of Care defined), the patient's **Agency Current Status** may be changed to "Non Admitted". This is accomplished using the **Edit Patient** screen associated with the **Clinical Information** function.

- To access the **Edit Patient** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Display the details of the patient you want to Non Admit. (See section, **Finding a Patient**)

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File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Add Patient

Define Plan of Care/Verbal Order Define OASIS Assessment

PATIENT VITALS Client # : A00272-A2

Patient Name : Connie
Aseline

Address : 1 School Street

City : Chester

State : MA Zip Code : 01011

Phone # : (555) 354-6334

Birth Date : 03/24/1914

Sex : Female

Entry Date : 10/02/2002

CLINICAL INFORMATION

Agency Start of Care : / / (Required for Plan of Care/OASIS)

Agency Current Status : Incomplete Edit

Agency Admit Date : / / (Required for Plan of Care/OASIS)

Agency Discharge Date : / /

Patient Type : Home Health

Disaster Code : 1-Low Risk

Source of Admission :

☐ Do Not Resuscitate

MISCELLANEOUS

Comment :

Enter the patient's Start of Care date 12:28 PM

You will notice that the Patient Vitals section is filled in with the selected patient's information that was entered in **Client** screen. The Clinical Information will be blank except the Agency Current Status field will display "Incomplete".

It is not necessary to enter the patient's Agency Start of Care date since care is not to be provided.

Click the **Edit** button next to the Agency Current Status field in order to change the patient's status to "Non Admitted".

The **Edit Patient Agency Status** screen will be displayed.

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File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Edit Patient Agency Status

Define Hospital Stays

Patient: Client #: Agency Start of Care:


Date	Status	Reason
//		


City: State: Phone: Birth:

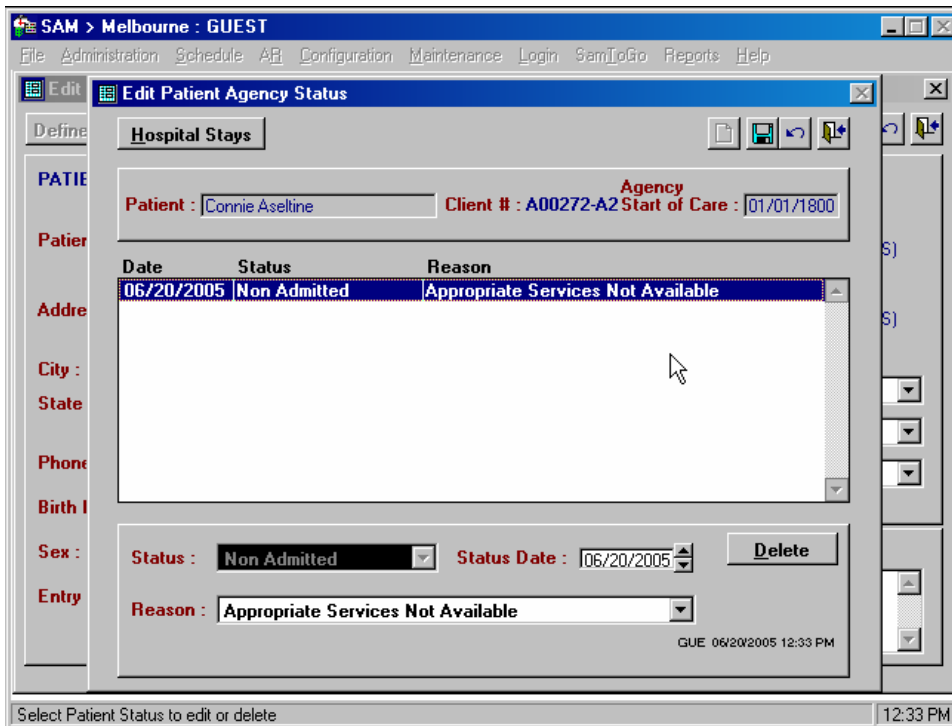
Sex: Status: Status Date: Reason:

Delete

Add a new item 12:29 PM

- Click the **New**  button on the toolbar to add a new Patient Agency Status. A message will be displayed “Patient does not have a Start of Care date. Only status available is “Non-Admitted.” Press any key to clear this message.
- The status of “Non Admitted” will be automatically filled in the **Status** combo box.
 - Enter a date in the **Status Date** field. This date should be the date it was determined the patient is not to be admitted into the agency.
 - Select a **Reason** that is appropriate.

- Click the **Save**  button on the toolbar to save the new status.



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Edit Patient Agency Status

Define Hospital Stays

Patient: Connie Aseltine Client #: A00272-A2 Agency Start of Care: 01/01/1800


Date	Status	Reason
06/20/2005	Non Admitted	Appropriate Services Not Available

City: State: Phone: Birth: Sex: Status: Non Admitted Status Date: 06/20/2005 Reason: Appropriate Services Not Available

Delete

GUE 06/20/2005 12:33 PM

Select Patient Status to edit or delete 12:33 PM

- Verify that the list on the **Edit Patient Agency Status** screen now displays a row with the Date column containing the correct date value and the Status column containing the value “Non-Admitted”.
- Click the **Exit**  button on the toolbar to exit the **Edit Patient Agency Status** screen.

The **Edit Patient** screen will be redisplayed.

You will notice that the patient’s **Agency Current Status** is now “Non Admitted”.

Placing a Patient on Hold in the Agency

If all of the patient’s services from the agency are to be put on hold, the patient’s **Agency Current Status** may be changed to “Hold”.

- To access the **Edit Patient** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen is displayed.
- Display the details of the patient you want to place on hold. (See section, **Finding a Patient**)

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File Administration Schedule AB Configuration Maintenance Login SamIoGo Reports Help

Edit Patient

Define Plan of Care/Verbal Order Define OASIS Assessment

PATIENT VITALS Client #: 002080-02

Patient Name: Helen Abbey

Address: 787 Prospect Avenue

City: West Springfield

State: MA Zip Code: 01089

Phone #: (555) 739-0474

Birth Date: 06/24/1999

Sex: Female

Entry Date: 05/16/2001

CLINICAL INFORMATION

Agency Start of Care: 05/17/2001 (Required for Plan of Care/OASIS)

Agency Current Status: Active Edit

Agency Admit Date: 05/17/2001 (Required for Plan of Care/OASIS)

Agency Discharge Date: / /

Patient Type: Home Health

Disaster Code: 1-Low Risk

Source of Admission:

☐ Do Not Resuscitate

MISCELLANEOUS

Comment: CO-VEND WITH GENTIVA # 731-3050..... Mom's work # 786-8000 EXT. 444

PAI 07/09/2001 01:58 PM

Enter the patient's Start of Care date 12:42 PM

- Click the **Edit** button next to the Agency Current Status field in order to change the patient's status to "Hold".

The **Edit Patient Agency Status** screen is displayed.

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File Administration Schedule AB Configuration Maintenance Login SamIoGo Reports Help

Edit Patient Agency Status

Define Hospital Stays

Patient: Helen Abbey Client #: 002080-02 Agency Start of Care: 05/17/2001

Date	Status	Reason
05/17/2001	Active	


Status: Active Status Date: 05/17/2001 Delete

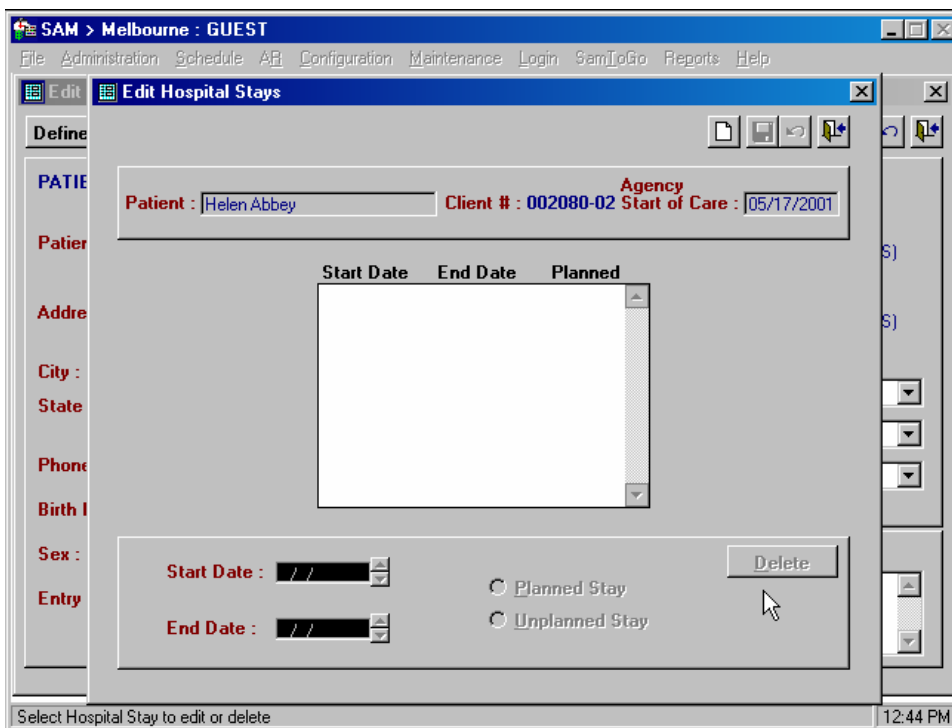
Reason:

PAI 05/22/2001 01:51 PM

Select Patient Status to edit or delete 12:43 PM

- Click the **New** button on the toolbar to add a new Patient Agency Status.
- Select the status of "Hold" in the **Status** combo box.
- Enter the hold date in the **Status Date** field.

- Select the reason the patient is being placed on hold in the **Reason** combo box.
- Click the **Save**  button on the toolbar to save the new status.



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Edit Hospital Stays

Define

PATIENT

Patient : Helen Abbey Client # : 002080-02 Agency Start of Care : 05/17/2001





Start Date	End Date	Planned

Start Date : / / End Date : / /

☐ Planned Stay ☐ Unplanned Stay

Delete

Select Hospital Stay to edit or delete 12:44 PM

- If you had selected the **Reason** “Hospitalized”, the **Edit Hospital Stays** screen will be displayed allowing you to enter the hospital stay start and end dates.
- Click the **New**  button on the toolbar to add a hospital stay record.
 - Enter the information if desired, and then click the **Save**  button.
 - Click the **Exit**  button to exit the **Edit Hospital Stays** screen.
- Click the **Exit**  button on the toolbar to exit the **Edit Patient Agency Status** screen.

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File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Edit Patient Agency Status

Define **Hospital Stays**

Patient : Helen Abbey Client # : 002080-02 Agency Start of Care : 05/17/2001

Date	Status	Reason
05/17/2001	Active	
06/20/2005	Hold	Hospitalized

City :
State :
Phone :
Birth :
Sex :
Entry :

Status : Hold Status Date : 06/20/2005 Delete

Reason : Hospitalized

GUE 06/20/2005 12:44 PM

Select Patient Status to edit or delete 2:05 PM

The **Edit Patient** screen will be redisplayed.

You will notice that the patient's **Agency Current Status** is now "Hold".

Discharging a Patient from the Agency

If all of the patient's services from the agency are to be ended and the patient is to be discharged from the agency, the patient's **Agency Current Status** may be changed to "Discharged". Once you have discharged a patient from the agency, you cannot add any other new statuses for the patient.

- To access the **Edit Patient** screen, select menu option Administration | Clinical Information
- The **Edit Patient** screen will be displayed.
- Display the details of the patient you want to discharge. (See section, **Finding a Patient**)

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File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Edit Patient

Define Plan of Care/Verbal Order Define OASIS Assessment

PATIENT VITALS Client # : 002593-01

Patient Name : Henry Alqawi

Address : 10 Edgewood Drive

City : East Longmeadow

State : MA Zip Code : 01028

Phone # : (555) 525-0118

Birth Date : 03/13/1998

Sex : Female

Entry Date : 10/23/2001

CLINICAL INFORMATION

Agency Start of Care : 11/12/2001 (Required for Plan of Care/OASIS)

Agency Current Status : Active Edit

Agency Admit Date : 11/12/2001 (Required for Plan of Care/OASIS)

Agency Discharge Date : / /

Patient Type : Home Health

Disaster Code :

Source of Admission :



☐ Do Not Resuscitate

MISCELLANEOUS

Comment : IgG infusion q month (Verona)

PAI 11/15/2001 11:24 AM

Enter the patient's Start of Care date 2:07 PM

- Click the **Edit** button next to the Agency Current Status field in order to change the patient's status to "Discharged".
- The Edit Patient Agency Status screen is displayed.
- Click the **New**  button on the toolbar to add a new Patient Agency Status.
- Select the status of "Discharged" in the **Status** combo box.
- Enter the discharged date in the **Status Date** field.
- Select the reason the patient is being discharged in the **Reason** combo box.
- Click the **Save**  button on the toolbar to save the new status.

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Edit Patient Agency Status

Define Hospital Stays

Patient: Henry Alqawi Client #: 002593-01 Agency Start of Care: 11/12/2001


Date	Status	Reason
11/12/2001	Active	
06/20/2005	Discharged	Normal Discharge - Goals Achieved

Status: Discharged Status Date: 06/20/2005 Reason: Normal Discharge - Goals Achieved

Delete

GUE 06/20/2005 02:08 PM

Select Patient Status to edit or delete 2:08 PM

- Click the **Exit**  button on the toolbar to exit the **Edit Patient Agency Status** screen.

The **Edit Patient** screen will be redisplayed.

You will notice that the patient's **Agency Current Status** is now "Discharged" and the **Agency Discharge Date** is filled in.

Note: A new Plan of Care or Verbal Order cannot be created for a patient with a status of "Discharged". Also, you may not add any new statuses for the patient after a "Discharged" status.

A patient is readmitted using the **Client** function. Use the **Readmit** button on the **Edit Client** screen. (See section, **Client**)



Plan of Care Management

A patient's Plan of Care includes all the information necessary to produce a HCFA 485 form (Home Health Certification and Plan of Care). This information includes Certification Period, Payer, Physician, Orders, Goals, Diagnoses, Surgical Procedures, Medications, Supplies, Safety Measures, Nutritional Requirements, Allergies, Functional Limitations, Mental Status, and Prognosis.

Entering a New Plan of Care

A Plan of Care may only be entered for patients that have been admitted into the agency and whose Agency Current Status is not "Discharged". Refer to section **Admitting a Patient into the Agency** in this manual.

Entering a new Plan of Care is essentially the same as entering a new Verbal Order. They are both created using the **Edit Plan of Care/Verbal Order** screen. The main difference between the two is that the **Type** field will contain "Plan of Care" instead of "Verbal Order" on the screen. The information entered for a new Plan of Care will result in the creation of a HCFA 485 form (refer to the end of this section for a **HCFA 485 Locator Mapping**). The information entered for a new Verbal Order will result in the creation of a Revision to Plan of Care form.

There are two **New** buttons on the **Edit Plan of Care/Verbal Order** screen to assist in entering a new Plan of Care vs. a new Verbal Order. The **New Plan of Care**  button is the button containing the blank piece of paper icon. The **New Verbal Order**  button contains an icon of a piece of paper with a V on it.

In order to create a new Plan of Care for a patient, you are required at a minimum to select the **New Plan of Care** button, enter the **Cert Begin** and **Cert End** dates, and select a **Payer**. Once this information is saved, you have created a Plan of Care shell. At this point, you may click the **Define Doctor Orders** button to define Doctor Orders for the Plan of Care if you wish to do compliance checking on the patient's visits. After the Doctor Orders have been defined, the CSR responsible for scheduling the visits for the patient may proceed with creating the visits. Then, the rest of the contents of the Plan of Care (Medications, Orders, Goals, etc.) may be completed at a more leisurely pace.

To enter a new Plan of Care:

- To access the **Edit Plan of Care/Verbal Order** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to enter a new Plan of Care for
- Confirm that the patient has been admitted into the agency by noting that the **Agency Start of Care** field and the **Agency Admit Date** field contain values in the Clinical Information section of the screen. (Refer to section **Admitting a Patient into the Agency** in this manual.)
- Click on the **Define Plan of Care/Verbal Order** button.

- The **Edit Plan of Care/Verbal Order** screen will be displayed with the **Patient Name** field filled in with the name of the patient selected.
- Notice that the patient's **Agency Start of Care** and **Agency Current Status** are displayed on this screen for reference.

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Edit Patient

Define Plan of Care/Verbal Order Define QASIS Assessment

PATIENT VITALS Client # : A00571-01

Patient Name : Joshua Adkins

Address : 120 Canon Circle

City : Springfield (el)

State : MA Zip Code : 01118-

Phone # : (555) 796-6955

Birth Date : 11/02/1976

Sex : Female

Entry Date : 10/02/2002

CLINICAL INFORMATION

Agency Start of Care : 06/20/2005 (Required for Plan of Care/QASIS)

Agency Current Status : Active Edit

Agency Admit Date : 06/20/2005 (Required for Plan of Care/QASIS)

Agency Discharge Date : / /

Patient Type : Home Health

Disaster Code : 1-Low Risk

Source of Admission : Transfer from a hospital facility

☐ Do Not Resuscitate


MISCELLANEOUS

Comment :

GUE 06/20/2005 04:30 PM

Enter the patient's Start of Care date 4:30 PM

- Click the **Define Plan of Care/Verbal Order** button add a new Plan of Care.

- The **Add Plan of Care/Verbal Order** screen will be displayed.
- Press the **New**  button to create a new Plan of Care.


- The **Type** field will contain “Plan of Care”.
- Enter the **Cert Begin** date for the Plan of Care. (This date must be equal to or greater than the patient’s **Agency Start of Care** date displayed on the screen.)

The **Cert End** date is automatically filled in with the date 60 days after the **Cert Begin** date you entered if you are not editing an existing Plan of Care. The Cert End may be modified. The **Payer** combo box is positioned to no payer but it is filled in with “Self Pay” and other valid payers for this patient for the certification period entered.

- Make sure the **Cert End** date contains the date you want for the Plan of Care.
- Select the correct payer for the Plan of Care in the **Payer** combo box.
- Enter the **Verbal Start of Care** (optional – this date will be placed in Locator 23 on the HCFA 485).

At this time you have entered the preliminary information for a new Plan of Care shell.

Make sure that all of the information displayed on the **Edit Plan of Care/Verbal Order** screen is correct. This includes the fields: **Type**, **Cert Begin**, **Cert End**, and **Payer**.

- Click the **Save**  button on the toolbar to save the patient’s new Plan of Care shell.
- The **POC #** will be filled in with a unique number that the system assigns to the Plan of Care.

NOTE: The Start of Care date on the HCFA 485 (Locator 2) associated with a Plan of Care is filled in with the contents of the **Payer Start of Care** field on the **Edit Plan of Care/Verbal Order** screen, not the contents of the **Agency Start of Care** field.


- If the date in the Payer Start of Care field is not the correct Start of Care date for this Plan of Care, use the **Edit Payer Status** button to change the **Payer Start of Care** date. Refer to section **Modifying the Payer Start of Care for a Payer**.
- Do a final review of the contents of the Edit Plan of Care/Verbal Order screen to verify that all the information is now correct for the new Plan of Care.
- You may preview the Plan of Care contents at any time by clicking the **Preview** button (contains paper/magnifying glass icon) above the toolbar on the **Edit Plan of Care/Verbal Order** screen.
- You may also print the Plan of Care by clicking the **Print** button (contains printer icon) above the toolbar on the **Edit Plan of Care/Verbal Order** screen.

It is highly recommended that you complete the following at this time:

- Select the Primary Physician for the Plan of Care. Refer to section **Assigning the Primary Physician to the Plan of Care**.
- Select the Case Manager for the Plan of Care. Refer to section **Assigning the Case Manager to the Plan of Care**.
- Select the Primary Diagnosis for the Plan of Care. Refer to section **Assigning the Primary Diagnosis to the Plan of Care**.

All of the essential initial pieces of a new Plan of Care shell have now been entered.

Now that a new Plan of Care shell has been entered, you have several options:

1. You may continue defining other parts of the Plan of Care including: Medications, Surgical Procedures, Supplies, Safety/Etc, Orders, and Goals. Refer to the section **Defining Plan of Care/Verbal Order Orders Paragraph**, etc.
2. You may continue defining other Plans of Care using the **Edit Plan of Care/ Verbal Order** screen
3. You may exit the **Edit Plan of Care/Verbal Order** screen by clicking the **Exit**  button on the toolbar

New Plan of Care Notes:

A new Plan of Care can only be created for patients that have been admitted into the agency.

A new Plan of Care cannot be created for a patient with an Agency Current Status of “Discharged”.

A new Plan of Care cannot have the same **Cert Begin**, **Cert End**, **Payer**, and **Prime Physician** as another Plan of Care. This would make the Plan of Care not unique and you will not be allowed to save a Plan of Care that is not unique.

Assigning the Primary Physician to the Plan of Care

It is highly recommended when entering a new Plan of Care that the patient's Primary Physician be selected as soon as possible, however this is not required to save the new Plan of Care.

- Click on the **Select** button next to the **Prime Physician** field.

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Edit Plan of Care/Verbal Order

Orders Goals Medications Compliance Rules Recert Copy

Diagnoses Surg Procs Supplies Safety/Etc.

PLAN OF CARE/VERBAL ORDER Client # : A00571-01
POC # : A0001786

Patient Name : Joshua Adkins

Agency Start of Care : 06/20/2005 Agency Status : Active

Type : Plan of Care (60 Days)

Cert Begin : 06/20/2005 Cert End : 08/18/2005

Payer : A1 - BMC Healthnet Plan (N) 10/02/2002-11/30/2

Primary Physician :

Secondary Physician :

Verbal Start of Care : / /

Payer Start of Care : 06/20/2005 Payer Status : Active

Payer Discharge Date : / /

VERBAL ORDER INFORMATION

Verbal Order Date : / /

MISCELLANEOUS

Medical Rec No : A00571-01

HI Claim No : 018602559

Provider No : 000000021038

Comment :

Case Manager :

☐ Include Case Manager on Plan of Care

STATUS Final Document Printed : NO

Created : 06/20/2005

Mailed : / /

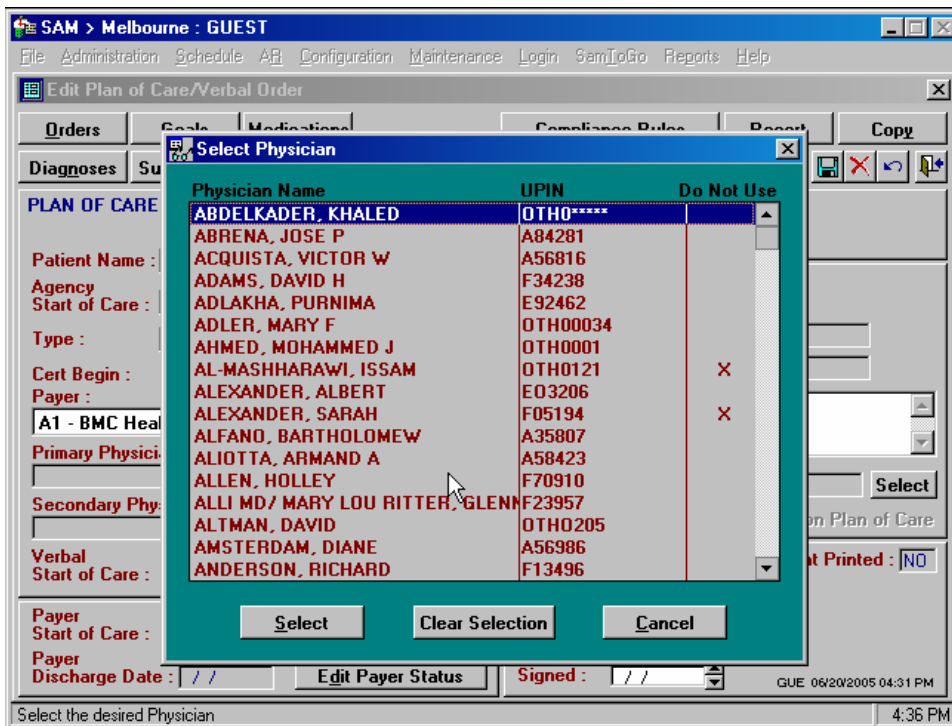
Received : / /

Signed : / /

QUE 06/20/2005 04:31 PM

Enter the Certification Begin date 4:31 PM

Select the primary physician's name by clicking on it in the list on the **Select Physician** screen and then click the **Select** button on that screen.



The **Edit Plan of Care/Verbal Order** screen will be redisplayed with the **Prime Physician** field filled in with your selection.

- If the patient's physician is not in the list on the **Select Physician** screen:
- Click on the **Physician DB** button under the **Select** button on the **Edit Plan of Care/Verbal Order** screen and create a new record in the Physician Database for the physician.
- Click on the **Select** button next to the **Prime Physician** field again.
- Select the primary physician's name by clicking on it in the list on the **Select Physician** screen and then click the **Select** button on that screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed with the **Prime Physician** field filled in with your selection.

Refer to the section **Defining Physicians** on how to add, edit or delete physicians from the Physician Database.

Assigning the Case Manager to the Plan of Care

It is recommended when entering a new Plan of Care, that the patient's Case Manager be assigned as soon as possible, however this is not required to save the new Plan of Care.

- Click on the **Select** button next to the **Case Manager** field in the section titled Miscellaneous.

The screenshot shows the 'Edit Plan of Care/Verbal Order' screen in the SAM > Melbourne : GUEST application. A 'Select Case Manager' dialog box is open, displaying a list of case managers. The 'Select' button is highlighted.

Case Manager Name	Employee #
Beck, Sonia J	A00063
Bennett, Valerie	000287
Binsbacher, Pamela	000068
Black, Christine	000045
Boisjolie, Leona E	000387
Borowiec, Marilyn J	000274
Brindle, Carla A	000550
Brown, Rose	A00041
Buiso, Judith	A00031
Candon, Sheila B	000470
Crepeau, Jessica	000195
Frasier, Marsha	000100
Gauthier, Marie	000541
Giandalone, Tracy V	000343
Johnson, Maritsa	000426

Buttons: Select, Clear Selection, Cancel

Background screen fields: Patient Name: Josh, Agency: A1 - BMC Healthne, Start of Care: 06/2, Type: Plan, Cert Begin: 06/2, Payer: A1 - BMC Healthne, Primary Physician: KHALED ABDELKADE, Secondary Physician: , Verbal Start of Care: / /, Payer Start of Care: 06/2, Payer Discharge Date: / /, Received Signed: / /, GUE 06/20/2005 04:37 PM

- Select the case manager's name by clicking on it in the list on the **Select Case Manager** screen and then click the **Select** button.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed with the **Case Manager** field filled in with your selection.

Defining Plan of Care/Verbal Order Diagnoses

- To access the **Edit Plan of Care/Verbal Order (Diagnoses)** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to enter a new Plan of Care for
- Confirm that the patient has been admitted into the agency by noting that the **Agency Start of Care** field and the **Agency Admit Date** field contain values in the Clinical Information section of the screen. (Refer to section **Admitting a Patient into the Agency** in this manual.)
- Click on the **Define Plan of Care/Verbal Order** button.
- Confirm that you are editing the correct Plan of Care/Verbal Order.
- Click on the **Diagnoses** button.

The **Edit Diagnoses** screen will be displayed.

SAM > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamIoGo Reports Help

Edit Diagnoses

Patient : Helen Abbey Client # : 002080-02
 Cert Period : 09/09/2002 - 11/07/2002 POC # : A0001486
 Payer : Tufts Associated HMO Type : Plan of Care

Reorder

ICD-9-CM	Diagnosis Description	Date	O/E	VO	Status
0796	RESPRTRY SYNCYTIAL VIRUS	03/25/2001	0		
33510	SPINAL MUSCL ATROPHY NOS	06/24/1999	0		
53081	ESOPHAGEAL REFLUX	04/01/2001	0		

ICD-9-CM : 0796 Select Delete

Description : RESPRTRY SYNCYTIAL VIRUS Priority Order : 1


Date : 03/25/2001 Status : ☒ Onset ☐ Exacerbation ☐ History

Verbal Order Status : ☐ New ☐ Discontinued

PAI 09/04/2002 12:04 PM



Select diagnosis to edit or delete 11:15 AM

Entering a New Diagnosis

- Verify that the information section at the top of the **Edit Diagnoses** screen describes the Plan of Care/Verbal Order you want to enter new diagnoses for.
- Click the **New**  button on the toolbar on the **Edit Diagnoses** screen to add a new diagnosis to the Plan of Care/Verbal Order.
- The **Priority Order** will be filled automatically. The first diagnosis in the list is the patient's Primary Diagnosis for the Plan of Care.
- Fill in the **ICD-9-CM** field by entering the value or by clicking the **Select** button next to the field to select the value from the **Select ICD9 Code (Diagnosis)** screen.



- The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

- Refer to section **Defining Plan of Care/Verbal Order Diagnosis** to display the **Edit Diagnosis** screen.
- Verify that the information section at the top of the **Edit Diagnoses** screen describes the Plan of Care/Verbal Order you want to modify diagnoses for.

- On the **Edit Diagnoses** screen, select the diagnosis you would like to modify by clicking on it in the list on the screen.
- The details of the selected diagnosis will be displayed in the fields on the lower section of the screen.
- You may modify any of the fields displayed in this section.
- Make sure all the modified information about the diagnosis is correct.
- Click the **Save**  button on the toolbar to save the modified diagnosis.
- The modified diagnosis will be redisplayed in the list on the screen
- At this point, you may modify other diagnosis information by repeating the steps above.
- Click the **Exit**  button on the toolbar to exit the **Edit Diagnoses** screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

Deleting a Diagnosis

- Refer to section **Defining Plan of Care/Verbal Order Diagnosis** to display the **Edit Diagnosis** screen.
- Verify that the information section at the top of the **Edit Diagnoses** screen describes the Plan of Care/Verbal Order you want to delete diagnoses from.
- On the **Edit Diagnoses** screen, select the diagnosis you would like to delete by clicking on it in the list on the screen.
- The details of the selected diagnosis will be displayed in the fields on the lower section of the screen.
- Make sure that the diagnosis displayed is the one you want to delete.
- Click the **Delete**  button in the lower section of the screen.
- Click on the **Yes** button in the popup screen that asks, “Delete displayed Diagnosis?”
- The deleted diagnosis will be removed from the list on the screen.
- This may cause the priority of the remaining diagnoses to be automatically adjusted.
- At this point, you may delete other diagnoses by repeating the steps above.
- Click the **Exit**  button on the toolbar to exit the **Edit Diagnoses** screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

Modifying Diagnoses Priorities

- On the **Edit Diagnoses** screen, click the **Reorder** button under the toolbar on the screen.

SAM > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamIoGo Reports Help

Edit Diagnoses

Patient : Helen Abbey Client # : 002080-02

Reorder Priority

Patient : Helen Abbey Client # : 002080-02

Cert Period : 09/09/2002 - 11/07/2002 POC # : A0001486

Payer : Tufts Associated HMO Type : Plan of Care

ICD-9-CM	Diagnosis Description	Date	O/E	VO Status
0796	RESPRTRY SYNCYTIAL VIRUS	03/25/2001	0	
33510	SPINAL MUSCL ATROPHY NOS	06/24/1999	0	
53081	ESOPHAGEAL REFLUX	04/01/2001	0	

Save Order **Cancel**

Verbal Order Status : ☐ New ☐ Discontinued

PAI 09/04/2002 12:04 PM

Position Diagnoses in desired Priority Order

4:45 PM

- Click on the button and drag a payer in the list to reorder its position within the list.
- Click the **Save Order** button to save your changes.
- The **Edit Diagnosis** screen will now be displayed with the diagnoses reordered as you selected.
- Click the **Exit** button on the toolbar to exit the **Edit Diagnoses** screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

Defining Plan of Care/Verbal Order Orders Paragraph

The **Orders** button on the **Edit Plan of Care/Verbal Order** screen is used to create the paragraph corresponding to the HCFA 485 Locator 21 paragraph, Orders for Discipline and Treatments. This paragraph typically contains Doctor Order information and interventions associated with the Doctor Order skills.

- To access the **Edit Plan of Care/Verbal Order (Orders)** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to enter a new Plan of Care for

- Click on the **Define Plan of Care/Verbal Order** button.
- On the **Edit Plan of Care/Verbal Order** screen, make sure the correct **Patient Name** is displayed and the correct **Plan of Care/Verbal Order** you want to modify for the patient is displayed.
- Click on the **Orders** button.

The **Edit Orders Paragraph** will be displayed.

The screenshot shows a web-based application window titled "SAM > Melbourne : GUEST". The menu bar includes "File", "Administration", "Schedule", "AB", "Configuration", "Maintenance", "Login", "SamToGo", "Reports", and "Help". The main content area is titled "Orders Paragraph". It features several input fields and labels: "Patient:" with the value "Helen Abbey", "Client #:" with "002080-02", "Cert Period:" with "09/09/2002 - 11/07/2002", "POC #:" with "A0001486", "Payer:" with "Tufts Associated HMO", and "Type:" with "Plan of Care". Below these fields is a large text area labeled "Orders for Discipline and Treatments" with a "Select Phrases" button. The status bar at the bottom indicates "Save all changes to database" and the time "4:49 PM".

- Verify that the information section at the top of the screen describes the Plan of Care/Verbal Order you want to create the Orders paragraph for.
- The paragraph may be edited like any standard word processor window (i.e. you may highlight sections to copy and paste, etc.) To copy text, highlight the text and press Ctrl+C. To paste text, press Ctrl+V.
- When you are entering text for Goals and Orders, if you want the text to occur on a new line, click [Enter] and it will force a line break.

- Click the **Select Phrases** button to select Intervention phrases from the Phrases Database to be placed into the paragraph.

The **Select Phrases for Orders** screen is displayed.

SAM > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamIoGo Reports Help

Select Phrases for Orders

Patient : Helen Abbey POC # : A0001486 View All Phrases

Category : ALL ICD9 Type : ALL Skill Code : ALL

Code	Category	AVAILABLE PHRASES	ICD9 Type	ICD9 Code	Skill
20.01	Inter	EVALUATION	ALL		PT
20.02	Inter	THERAPUTIC EXERCISES	ALL		PT
20.03	Inter	TRANSFER TRAINING	ALL		PT
20.04	Inter	ESTABLISH/UPDATE HOME EXERCISE PROGRAM	ALL		PT
20.05	Inter	GAIT TRAINING	ALL		PT
20.06	Inter	PULMONARY PHYSICAL THERAPY	ALL		PT
20.09	Inter	PROSTHETIC TRAINING	ALL		PT
20.10	Inter	FABRICATION TEMPORARY DEVICES	ALL		PT

Code :

Add >> Remove

Keep Cancel

SELECTED PHRASES

Available Phrases List - double-click or 'Add' to add phrase to Selected Phrases List 4:50 PM

- Highlight the phrase you would like to insert and either double click or press the **Add** button. The phrase will be displayed in the Selected Phrases area of the screen.
- Click on the button and drag a phrase in the list to reorder its position within the list.
- Click the **Keep** button to save your changes.

After phrases have been selected, a dashed line will appear in the paragraph and the new phrases will be displayed below the line.

Edit the paragraph so that it contains exactly what you would like to see in the Orders paragraph for the Plan of Care or Verbal Order.

- Click the **Save** button on the toolbar to save the Orders paragraph.
- Click the **Exit** button on the toolbar to exit the **Edit Orders Paragraph** screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

Defining Plan of Care/Verbal Order Goals Paragraph

The **Goals** button on the **Edit Plan of Care/Verbal Order** screen is used to create the paragraph corresponding to the HCFA 485 Locator 22 paragraph, Goals/Rehabilitation Potential/Discharge Plans. This paragraph typically contains goals, rehabilitation potentials, and discharge plans associated with the skills of the service being provided.

- To access the **Edit Plan of Care/Verbal Order (Goals)** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to enter a new Plan of Care for
- Click on the **Define Plan of Care/Verbal Order** button.
- On the **Edit Plan of Care/Verbal Order** screen, make sure the correct **Patient Name** is displayed and the correct **Plan of Care/Verbal Order** you want to modify for the patient is displayed.
- Click on the **Goals** button.

The **Edit Goals Paragraph** screen will be displayed.

- Verify that the information section at the top of the screen describes the Plan of Care/Verbal Order you want to create the Goals paragraph for.
- The paragraph may be edited like any standard word processor window (i.e. you may highlight sections to cut and paste, etc.) To copy text, highlight the text and press Ctrl+C. To paste text, press Ctrl+V.
- When you are entering text for Goals and Orders, if you want the text to occur on a new line, click [Enter] and it will force a line break.

The **Select Phrases** button works the same as on the **Edit Orders Paragraph** screen.

Defining Plan of Care/Verbal Order Medications

- To access the **Edit Plan of Care/Verbal Order (Goals)** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to enter a new Plan of Care for
- Click on the **Define Plan of Care/Verbal Order** button.
- On the **Edit Plan of Care/Verbal Order** screen, make sure the correct **Patient Name** is displayed and the correct **Plan of Care/Verbal Order** you want to modify for the patient is displayed.
- Click on the **Medications** button.

The **Edit Medications** screen will be displayed.

SAM > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Edit Medications

Patient : Helen Abbey Client # : 002080-02
 Cert Period : 09/09/2002 - 11/07/2002 POC # : A0001486
 Payer : Tufts Associated HMO Type : Plan of Care

Reorder

Medication Name	Quantity/Dosage/Route/Frequency	Stat	Start Date	Disc'd Date
POLY-VI-SOL	0.75 cc GT QD	E		
IRON	5 mg. / 10 ml GT QD	E		
TYLENOL SUPP.	1 suppository pr PRN q 6 hours	E		
MIRALAX	1/2 - 1 capful in 4 oz. water GT PRN QD	E		
OXYGEN	5 L mask PRN for resp. distress	E		
ACETAMINOPHEN	1 tsp 160 mg GT PRN Q 4 HOURS	E		
IBUPROFEN	1.5 tsp 150 mg GT PRN q 6 hours	E		
SINGULAIR	GT QD	N		
PULMOCORT UPDRAFT	inhaler QD	N		

Select POLY-VI-SOL

Free Type 0.75 cc GT QD

Quantity : 0.750 cc (Other)
 Dosage : 0.000 (Other)
 Route : GT (Other)
 Frequency : QD (PRN/Other)

Status : ☒ Existing
☐ New
☐ Changed
☐ Discontinued

Start Date : / /
 Discontinued Date : / /

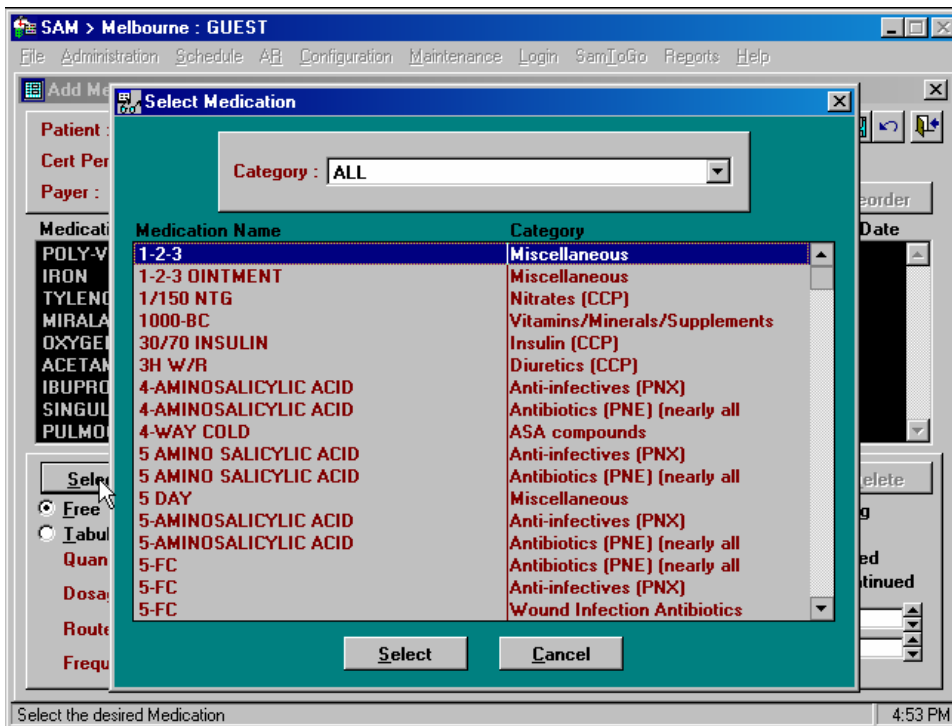
PAI 09/04/2002 12:04 PM

Select medication to edit or delete 4:52 PM

Entering a New Medication


- Verify that the information section at the top of the **Edit Medications** screen describes the Plan of Care/Verbal Order you want to enter new medications for.
- Click the **New** button on the toolbar on the **Edit Medications** screen to add a new medication to the Plan of Care/Verbal Order.
- Fill in the **Medication Name** field by entering the value or by clicking the **Select** button.

The **Select Medication** screen is displayed.



- Select a medication and then the **Edit Medications** screen is redisplayed.
- Select a **Status** of “Existing”, “New”, “Changed”, or “Discontinued”.
- Enter a **Start Date** for the medication if desired (this field is not required).
- Enter a **Discontinued Date** for the medication if desired (this field is required if the **Status** is “Discontinued”).

There are 2 different ways to enter detailed information about each medication:

1. Free Type
 - Enter the text in this field in the exact format that you would like to see it printed on the Plan of Care output. This is a quick data entry type.
2. Tabular
 - Select a **Quantity** if desired (this field is not required). The choice of “Other” enables a text area where you may enter any quantity value.
 - Select a **Dosage** if desired (this field is not required). The choice of “Other” enables a text area where you may enter any dosage value.
 - Select a **Route**. The choice of “Other” enables a text area where you may enter any route value.
 - Select a **Frequency**. The choice of “Other” enables a text area where you may enter any frequency value.
 - Make sure that all the information is correct for the new medication.
 - Click the **Save**  button on the toolbar to save the new medication.



The new medication will be displayed in the list on the screen. At this point, you may enter other new supplies by repeating the steps above.

- Click the **Exit**  button on the toolbar to exit the **Edit Medications** screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.



Modifying a Medication

Refer to section **Defining Plan of Care/Verbal Order Medications** to display the Edit Medications screen.

- Verify that the information section at the top of the **Edit Medications** screen describes the Plan of Care/Verbal Order you want to modify medications for.
- On the Edit Medications screen, select the medication you would like to modify by clicking on it in the list on the screen.
- The details of the selected medication will be displayed in the fields on the lower section of the screen.
- You may modify any of the fields displayed in this section.
- Make sure all the modified information about the medication is correct.
- Click the **Save**  button on the toolbar to save the modified medication.
- The modified medication will be redisplayed in the list on the screen.
- At this point, you may modify other medication information by repeating the steps above.
- Click the **Exit**  button on the toolbar to exit the **Edit Medications** screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

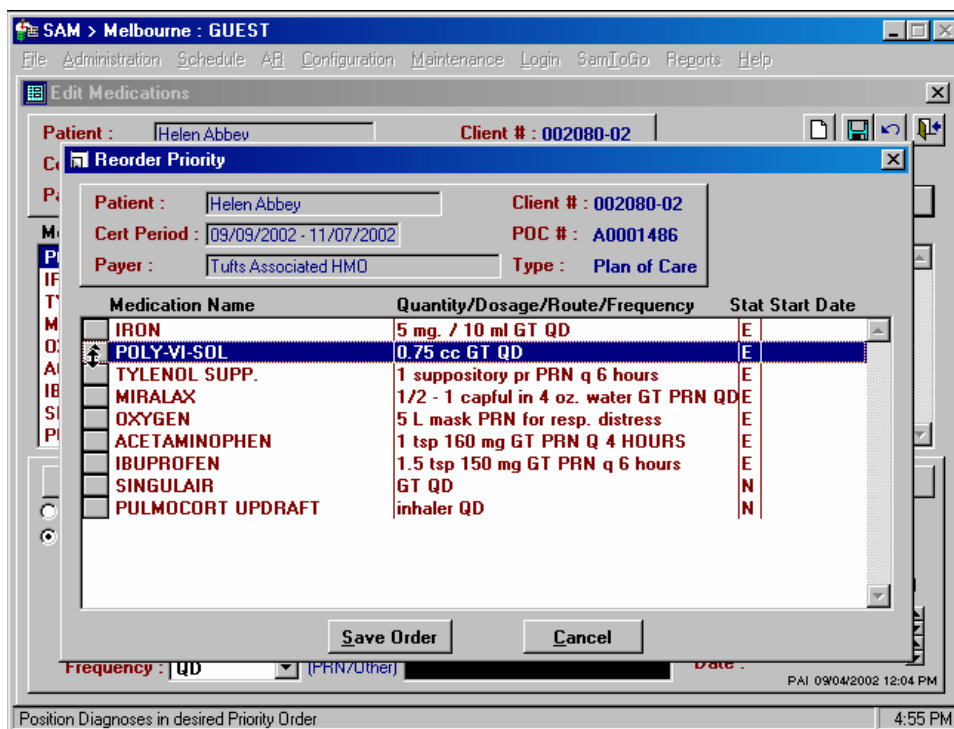
Deleting a Medication

- Refer to section **Defining Plan of Care/Verbal Order Medications** to display the **Edit Medications** screen.
- Verify that the information section at the top of the **Edit Medications** screen describes the Plan of Care/Verbal Order you want to delete medications from.
- On the **Edit Medications** screen, select the medication you would like to delete by clicking on it in the list on the screen.
- The details of the selected medication will be displayed in the fields on the lower section of the screen.
- Make sure that the medication displayed is the one you want to delete.
- Click the **Delete**  button in the lower section of the screen.
- Click on the Yes button in the popup screen that asks, “Delete displayed Medication?”
- The deleted medication will be removed from the list on the screen.
- At this point, you may delete other medications by repeating the steps above.
- Click the **Exit**  button on the toolbar to exit the **Edit Medications** screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

Modifying Medication Priorities

- On the **Edit Medications** screen, click the **Reorder** button under the toolbar on the screen.



SAM > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamIoGo Reports Help

Edit Medications

Patient : Helen Abbey Client # : 002080-02

Reorder Priority

Patient : Helen Abbey Client # : 002080-02

Cert Period : 09/09/2002 - 11/07/2002 POC # : A0001486


Payer : Tufts Associated HMO Type : Plan of Care

Medication Name	Quantity/Dosage/Route/Frequency	Stat	Start Date
IRON	5 mg. / 10 ml GT QD	E	
POLY-VI-SOL	0.75 cc GT QD	E	
TYLENOL SUPP.	1 suppository pr PRN q 6 hours	E	
MIRALAX	1/2 - 1 capful in 4 oz. water GT PRN QDE	E	
OXYGEN	5 L mask PRN for resp. distress	E	
ACETAMINOPHEN	1 tsp 160 mg GT PRN Q 4 HOURS	E	
IBUPROFEN	1.5 tsp 150 mg GT PRN q 6 hours	E	
SINGULAIR	GT QD	N	
PULMOCORT UPDRAFT	inhaler QD	N	

Frequency : QD (PRN/Other) Date : PAI 09/04/2002 12:04 PM

Position Diagnoses in desired Priority Order

4:55 PM

- Click on the  button and drag a payer in the list to reorder its position within the list.
- Click the **Save Order** button to save your changes.

- The **Edit Medications** screen will now be displayed with the medications reordered as you selected.

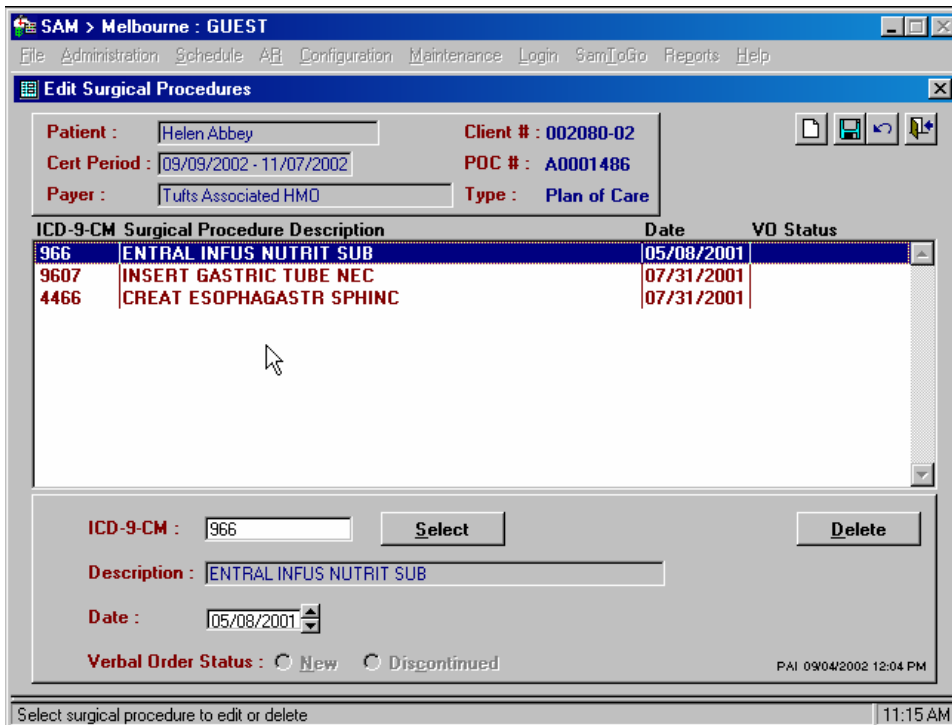
- Click the **Exit**  button on the toolbar to exit the **Edit Medications** screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

Defining Plan of Care/Verbal Order Surgical Procedures

- To access the **Edit Plan of Care/Verbal Order (Surgical Procedures)** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to enter a new Plan of Care for
- Click on the **Define Plan of Care/Verbal Order** button.
- On the **Edit Plan of Care/Verbal Order** screen, make sure the correct **Patient Name** is displayed and the correct **Plan of Care/Verbal Order** you want to modify for the patient is displayed.
- Click on the **Surg Procs** button.

The **Edit Surgical Procedures** screen will be displayed.



SAM > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Edit Surgical Procedures

Patient : Helen Abbey Client # : 002080-02
 Cert Period : 09/09/2002 - 11/07/2002 POC # : A0001486
 Payer : Tufts Associated HMO Type : Plan of Care

ICD-9-CM	Surgical Procedure Description	Date	VO Status
966	ENTRAL INFUS NUTRIT SUB	05/08/2001	
9607	INSERT GASTRIC TUBE NEC	07/31/2001	
4466	CREAT ESOPHAGASTR SPHINC	07/31/2001	

ICD-9-CM : 966 Select Delete

Description : ENTRAL INFUS NUTRIT SUB

Date : 05/08/2001


Verbal Order Status : ☐ New ☐ Discontinued

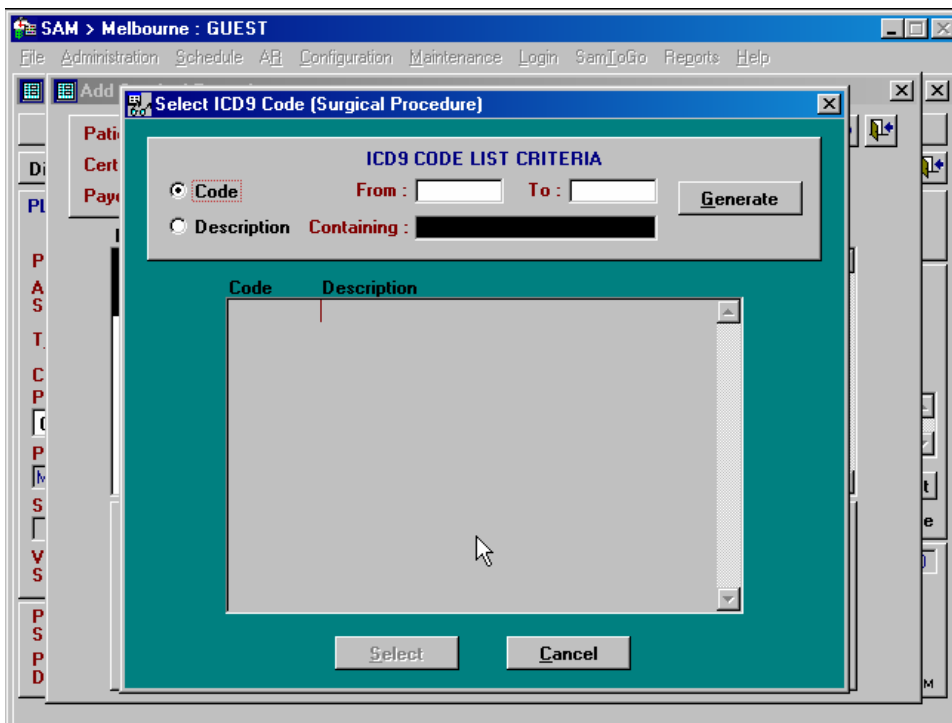
PAI 09/04/2002 12:04 PM


Select surgical procedure to edit or delete 11:15 AM

Entering a New Surgical Procedure


- Verify that the information section at the top of the **Edit Surgical Procedures** screen describes the Plan of Care/Verbal Order you want to enter new surgical procedures for.

- Click the **New**  button on the toolbar on the **Edit Surgical Procedures** screen to add a new surgical procedure to the Plan of Care/Verbal Order.
- Fill in the **ICD-9-CM** field by entering the value or by clicking the **Select** button.
- The **Select ICD9 Code (Surgical Procedure)** screen is displayed.





- Either choose the **Code** option and enter a code range, or choose the **Description** option and enter a verbal description of the surgical procedure and click the **Generate** button.
- Click a procedure in the list and then click the **Select** button.
- The **Description** field will be filled in once a valid **ICD-9-CM** field value is entered.
- Enter the date of the surgical procedure in the **Date** field.
- For Verbal Orders, select the **Verbal Order Status** of either “New” or “Discontinued”.
- Make sure that all the information is correct for the new surgical procedure.
- Click the **Save**  button on the toolbar to save the new surgical procedure.

The new surgical procedure will be displayed in the list on the screen. At this point, you may enter other new surgical procedures by repeating the steps above.

- Click the **Exit**  button on the toolbar to exit the **Edit Surgical Procedures** screen.



The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

Modifying a Surgical Procedure

- Verify that the information section at the top of the **Edit Surgical Procedures** screen describes the Plan of Care/Verbal Order you want to modify surgical procedures for.
- On the **Edit Surgical Procedures** screen, select the surgical procedure you would like to modify by clicking on it in the list on the screen.
- The details of the selected surgical procedure will be displayed in the fields on the lower section of the screen.
- You may modify any of the fields displayed in this section.
- Make sure all the modified information about the surgical procedure is correct.
- Click the **Save**  button on the toolbar to save the modified surgical procedure.
- The modified surgical procedure will be redisplayed in the list on the screen.
- At this point, you may modify other surgical procedure information by repeating the steps above.
- Click the **Exit**  button on the toolbar to exit the **Edit Surgical Procedures** screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

Deleting a Surgical Procedure

- Verify that the information section at the top of the **Edit Surgical Procedures** screen describes the Plan of Care/Verbal Order you want to delete surgical procedures from.
- On the **Edit Surgical Procedures** screen, select the surgical procedure you would like to delete by clicking on it in the list on the screen.
- The details of the selected surgical procedure will be displayed in the fields on the lower section of the screen.
- Make sure that the surgical procedure displayed is the one you want to delete.
- Click the **Delete**  button in the lower section of the screen.
- Click on the **Yes** button in the popup screen that asks, “Delete displayed Surgical Procedure?”
- The deleted surgical procedure will be removed from the list on the screen.
- At this point, you may delete other surgical procedures by repeating the steps above.
- Click the **Exit**  button on the toolbar to exit the **Edit Surgical Procedures** screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

Defining Plan of Care/Verbal Order Supplies

- To access the **Edit Plan of Care/Verbal Order (Supplies)** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to enter a new Plan of Care for
- Click on the **Define Plan of Care/Verbal Order** button.
- On the **Edit Plan of Care/Verbal Order** screen, make sure the correct **Patient Name** is displayed and the correct **Plan of Care/Verbal Order** you want to modify for the patient is displayed.
- Click on the **Supplies** button.

The **Edit Supplies** screen will be displayed.

SAM > Melbourne : GUEST

File Administration Schedule ABI Configuration Maintenance Login SamToGo Reports Help

Edit Supplies

Patient : Helen Abbey Client # : 002080-02
 Cert Period : 09/09/2002 - 11/07/2002 POC # : A0001486
 Payer : Tufts Associated HMO Type : Plan of Care

Supply Description	VO Status
Benzoin Tincture Swabs	

Description : Benzoin Tincture Swabs Select Delete

Verbal Order Status : ☐ New ☐ Discontinued QUE 06/21/2005 09:03 AM

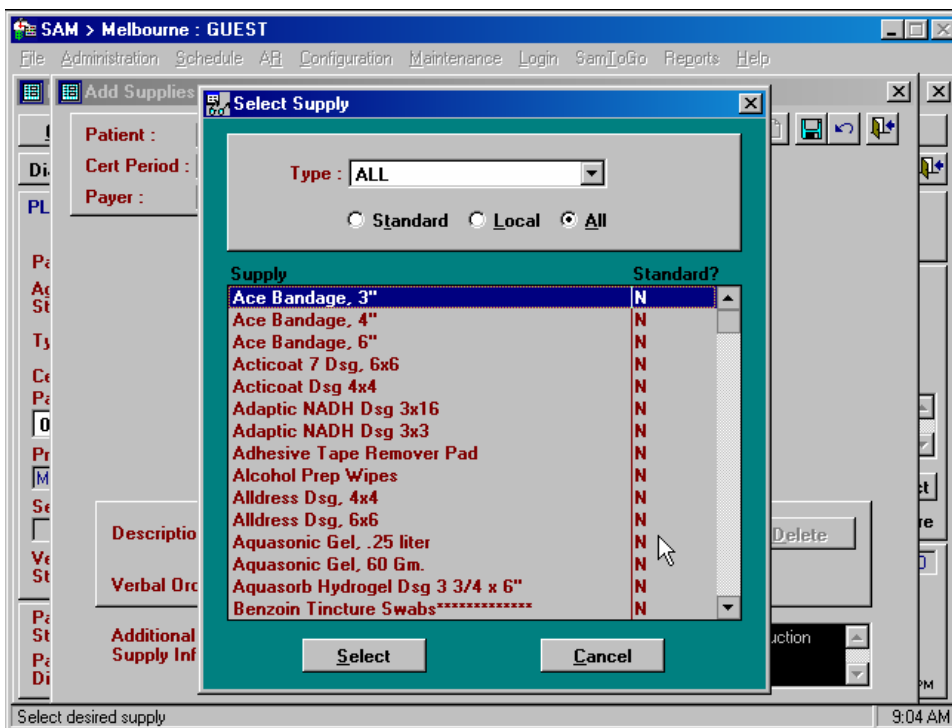
Additional Supply Information : wheelchair, oxygen, Pulse oximeter, kangaroo pump; in,exsufflator, suction machine, 10 fr. cath w/NS, suction cups

Select supply to edit or delete 9:03 AM

Entering a New Supply

- Verify that the information section at the top of the **Edit Supplies** screen describes the Plan of Care/Verbal Order you want to enter new supply for.
- Click the **New** button on the toolbar on the **Edit Supplies** screen to add a new supply to the Plan of Care/Verbal Order.
- Fill in the **Description** field by clicking the **Select** button.

The **Select Supply** screen is displayed.




- Select a **Type** of supply from the combo box.
- Select a supply category: Standard, Local, or All.

Standard—Click on this option if you want to list supplies that are standard across all offices.

Local—Click on this option if you want to list supplies that are customized to your office.

All—Click on this option to list standard and local supplies.

- Click on the supply in the list and click the **Select** button.
- The **Edit Supplies** screen will be displayed and the Description field is filled with the selected supply.
- For Verbal Orders, select the **Verbal Order Status** of either “New” or “Discontinued”.
- Make sure that all the information is correct for the new supply.
- Click the **Save**  button on the toolbar to save the new supply.



The new supply will be displayed in the list on the screen. At this point, you may enter other new supplies by repeating the steps above.

- Click the **Exit**  button on the toolbar to exit the **Edit Supplies** screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.



Modifying a Supply

Refer to section **Defining Plan of Care/Verbal Order Supplies** to display the Edit Supplies screen.

- Verify that the information section at the top of the **Edit Supplies** screen describes the Plan of Care/Verbal Order you want to modify supplies for.
- On the **Edit Supplies** screen, select the supply you would like to modify by clicking on it in the list on the screen.
- The details of the selected supply will be displayed in the fields on the lower section of the screen.
- You may modify any of the fields displayed in this section.
- Make sure all the modified information about the supply is correct.
- Click the **Save**  button on the toolbar to save the modified supply.
- The modified supply will be redisplayed in the list on the screen
- At this point, you may modify other supply information by repeating the steps above.
- Click the **Exit**  button on the toolbar to exit the **Edit Supplies** screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

Deleting a Supply

- Verify that the information section at the top of the **Edit Supplies** screen describes the Plan of Care/Verbal Order you want to delete supplies from.
- On the **Edit Supplies** screen, select the supply you would like to delete by clicking on it in the list on the screen.
- The details of the selected supply will be displayed in the fields on the lower section of the screen.
- Make sure that the supply displayed is the one you want to delete.
- Click the **Delete**  button in the lower section of the screen.
- Click on the **Yes** button in the popup screen that asks, “Delete displayed Supply?”
- The deleted supply will be removed from the list on the screen.
- At this point, you may delete other supplies by repeating the steps above.
- Click the **Exit**  button on the toolbar to exit the **Edit Supplies** screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

Defining Plan of Care Safety Measures, Nutritional Requirements, Allergies, Functional Limitations, Activities Permitted, Mental Status, Prognosis

- To access the **Edit Plan of Care/Verbal Order (Saftey, Etc.)** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to enter a new Plan of Care for
- Click on the **Define Plan of Care/Verbal Order** button.
- On the **Edit Plan of Care/Verbal Order** screen, make sure the correct **Patient Name** is displayed and the correct **Plan of Care/Verbal Order** you want to modify for the patient is displayed.
- Click on the **Safety/Etc.** button.

The **Plan of Care Safety/Etc.** screen will be displayed.

The screen consists of three pages of information to be placed on the HCFA 485.

- **Safety /Nutritional Measures /Allergies**
- **Functional Limitations/Activities**
- **Mental Status/Prognosis.**

The **Safety/Nutritional/Allergies** page is currently displayed.

- Click on the tab of any page to display the page.
- Enter information on each page as desired.

- This is the **Functional Limitations/Activities** page.

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File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Plan of Care Safety/Etc.

Safety Measures/Nutritional/Allergies **Functional Limitations/Activities** **Mental Status/Prognosis**

Patient : Helen Abbey Client # : 002080-02
 Cert Period : 09/09/2002 - 11/07/2002 POC # : A0001486
 Payer : Tufts Associated HMO

Functional Limitations :

1 ☐ Amputation 5 ☐ Paralysis 9 ☐ Legally Blind
 2 ☐ Bowel/Bladder (Incontinence) 6 ☒ Endurance A ☐ Dyspnea With Minimal Exertion
 3 ☐ Contracture 7 ☒ Ambulation B ☒ Other (specify)
 4 ☐ Hearing 8 ☐ Speech decreased muscle tone

Activities Permitted :

1 ☐ Complete Bedrest 6 ☐ Partial Weight Bearing A ☒ Wheelchair
 2 ☐ Bedrest BRP 7 ☐ Independent At Home B ☐ Walker
 3 ☒ Up As Tolerated 8 ☐ Crutches C ☐ No Restrictions
 4 ☒ Transfer Bed/Chair 9 ☐ Cane D ☒ Other (specify)
 5 ☒ Exercises Prescribed adaptive equipment

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- This is the **Mental Status/Prognosis** Page.

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Plan of Care Safety/Etc.

Safety Measures/Nutritional/Allergies **Functional Limitations/Activities** **Mental Status/Prognosis**

Patient : Helen Abbey Client # : 002080-02
 Cert Period : 09/09/2002 - 11/07/2002 POC # : A0001486
 Payer : Tufts Associated HMO


Mental Status :

1 ☒ Oriented 3 ☐ Forgetful 5 ☐ Disoriented 7 ☐ Agitated
 2 ☐ Comatose 4 ☐ Depressed 6 ☐ Lethargic 8 ☒ Other (specify)
 toddler

Prognosis : 1 ☐ Poor 2 ☐ Guarded 3 ☒ Fair 4 ☐ Good 5 ☐ Excellent

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- Make sure all the information on all of the pages is correct.
- Click on the **Safety Measures/Nutritional/Allergies** tab to redisplay the first page.

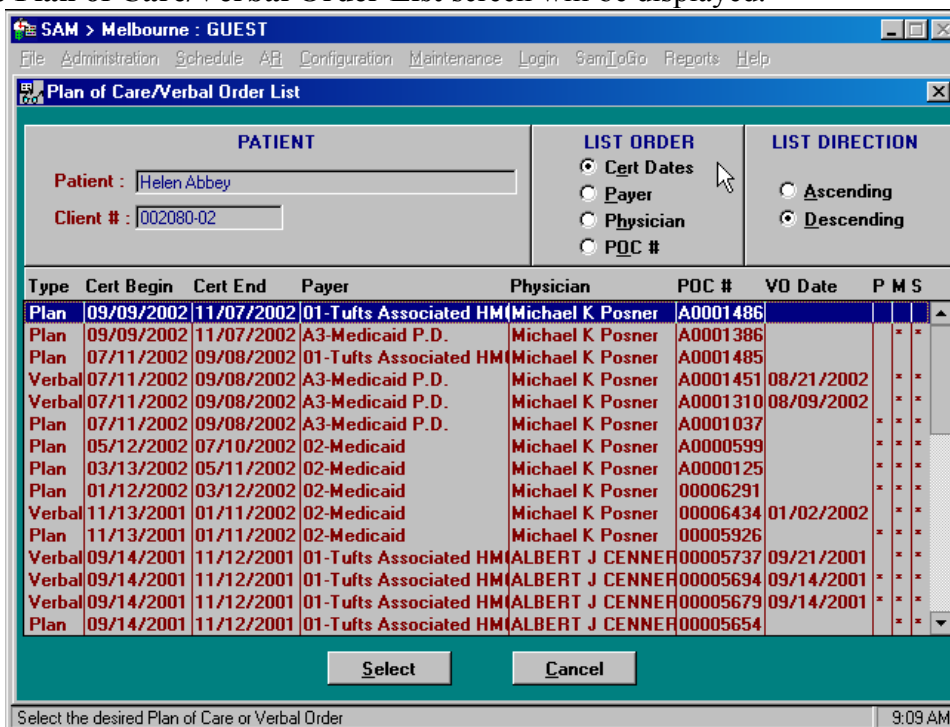
- Click the **Save**  button on the toolbar to save the Safety/Etc. information on all pages.
- Click the **Exit** button on the toolbar to exit the **Plan of Care Safety/Etc.** screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

Modifying a Plan of Care/Verbal Order

Modifying a Plan of Care or a Verbal Order is done in essentially the same way. They are both modified using the **Edit Plan of Care/Verbal Order** screen. The main difference between the two is that the **Type** field will contain “Plan of Care” for Plans of Care and “Verbal Order” for Verbal Orders.

- To access the **Edit Plan of Care/Verbal Order** screen, select menu option Administration | Clinical Information.
 - The **Edit Patient** screen will be displayed.
 - Select the correct patient that you would like to enter a new Plan of Care for
 - Click on the **Define Plan of Care/Verbal Order** button.
 - On the **Edit Plan of Care/Verbal Order** screen, make sure the correct **Patient Name** is displayed and the correct **Plan of Care/Verbal Order** you want to modify for the patient is displayed.
 - Click the **Find** button on the **Edit Plan of Care/Verbal Order** screen.
- The **Plan of Care/Verbal Order List** screen will be displayed.



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Plan of Care/Verbal Order List

PATIENT

Patient :

Client # :

LIST ORDER

☒ Cert Dates

☐ Payer

☐ Physician

☐ POC #

LIST DIRECTION

☐ Ascending

☒ Descending




Type	Cert Begin	Cert End	Payer	Physician	POC #	VO Date	P	M	S
Plan	09/09/2002	11/07/2002	01-Tufts Associated HM	Michael K Posner	A0001486				
Plan	09/09/2002	11/07/2002	A3-Medicaid P.D.	Michael K Posner	A0001386				
Plan	07/11/2002	09/08/2002	01-Tufts Associated HM	Michael K Posner	A0001485				
Verbal	07/11/2002	09/08/2002	A3-Medicaid P.D.	Michael K Posner	A0001451	08/21/2002			
Verbal	07/11/2002	09/08/2002	A3-Medicaid P.D.	Michael K Posner	A0001310	08/09/2002			
Plan	07/11/2002	09/08/2002	A3-Medicaid P.D.	Michael K Posner	A0001037				
Plan	05/12/2002	07/10/2002	02-Medicaid	Michael K Posner	A0000599				
Plan	03/13/2002	05/11/2002	02-Medicaid	Michael K Posner	A0000125				
Plan	01/12/2002	03/12/2002	02-Medicaid	Michael K Posner	00006291				
Verbal	11/13/2001	01/11/2002	02-Medicaid	Michael K Posner	00006434	01/02/2002			
Plan	11/13/2001	01/11/2002	02-Medicaid	Michael K Posner	00005926				
Verbal	09/14/2001	11/12/2001	01-Tufts Associated HM	ALBERT J CENNER	00005737	09/21/2001			
Verbal	09/14/2001	11/12/2001	01-Tufts Associated HM	ALBERT J CENNER	00005694	09/14/2001			
Verbal	09/14/2001	11/12/2001	01-Tufts Associated HM	ALBERT J CENNER	00005679	09/14/2001			
Plan	09/14/2001	11/12/2001	01-Tufts Associated HM	ALBERT J CENNER	00005654				

Select Cancel

Select the desired Plan of Care or Verbal Order 9:09 AM

- Click on the Plan of Care/Verbal Order you would like to modify and click the **Select** button.

The Edit Plan of Care/Verbal Order screen will be redisplayed containing the details of the selected Plan of Care/Verbal Order.

- You may modify any of the **Plan of Care/Verbal Order** fields displayed on the screen.
- Make sure all the information on the screen is correct.
- Click the **Save**  button on the toolbar to save the changes made to the Plan of Care/Verbal Order.
- Click on any of the following buttons to modify the Plan of Care/Verbal Order associated information. Refer to the sections associated with defining each of these parts.
 - Orders
 - Goals
 - Medications
 - Diagnosis
 - Surg Procs
 - Supplies
 - Safety/Etc. (not available on a Verbal Order)
- Each of these buttons will display a screen on which you can modify the associated Plan of Care/Verbal Order information.
- Make sure all the information on the screen is correct.
- Click the **Save**  button on the toolbar to save changes made on the screen.
- Click the **Exit**  button on the toolbar to exit the screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

Modifying Plan of Care/Verbal Order Notes:

A modified Plan of Care cannot have the same **Type**, **Cert Begin**, **Cert End**, **Payer**, and **Prime Physician** as another Plan of Care. This would make the Plan of Care not unique and you will not be allowed to save it.



You will be given a warning and asked if you want to continue when you modify a Plan of Care/Verbal Order that has had its Final Document printed.

Deleting a Plan of Care/Verbal Order

Deleting a Plan of Care or a Verbal Order is done in essentially the same way. They are both deleted using the **Edit Plan of Care/Verbal Order** screen. The main difference between the two is that the **Type** field will contain “Plan of Care” for Plans of Care and “Verbal Order” for Verbal Orders.

- To access the **Edit Plan of Care/Verbal Order** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to enter a new Plan of Care for
- Click on the **Define Plan of Care/Verbal Order** button.
- On the **Edit Plan of Care/Verbal Order** screen, make sure the correct **Patient Name** is displayed and the correct **Plan of Care/Verbal Order** you want to modify for the patient is displayed.
- Click the Find button on the Edit Plan of Care/Verbal Order screen.
- The Plan of Care/Verbal Order List screen will be displayed.
- Click on the Plan of Care/Verbal Order you would like to delete and click the **Select** button.

The Edit Plan of Care/Verbal Order screen will be redisplayed containing the details of the selected Plan of Care/Verbal Order.

- Make sure that the Plan of Care/Verbal Order displayed is the one you want to delete.
- Click the **Delete**  button on the toolbar to delete the Plan of Care/Verbal Order.
- Click on the **Yes** button in the popup screen that asks, “Delete displayed Plan of Care/Verbal Order?”
- The detailed information about the deleted Plan of Care/Verbal Order will be removed from the **Edit Plan of Care/Verbal Order** screen and from the **Plan of Care/Verbal Order List** screen.
- At this point, you may delete other Plan of Care/Verbal Orders by repeating the steps above.
- Click the **Exit**  button on the toolbar to exit the **Edit Plan of Care/Verbal Order** screen.

Recertifying/Copying a Plan of Care

Recertifying or Copying a Plan of Care is the function of the **Recert** or **Copy** buttons on the **Edit Plan of Care/Verbal Order** screen. Verbal Orders cannot be recertified or copied.

To Recertify a Plan of Care, simply press the **Recert** button, the certification dates for the next episode will default for you. You may keep the same **Payer** and **Prime Physician** as the original Plan of Care.

To Copy a Plan of Care, simply press the **Copy** button. You may then enter new episode dates, and optionally change the **Payer** and **Prime Physician**.

- To access the **Edit Plan of Care/Verbal Order** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to enter a new Plan of Care for
- Click on the **Define Plan of Care/Verbal Order** button.

- On the **Edit Plan of Care/Verbal Order** screen, make sure the correct **Patient Name** is displayed and the correct **Plan of Care/Verbal Order** you want to modify for the patient is displayed.
- Click the Find button on the Edit Plan of Care/Verbal Order screen.
- The Plan of Care/Verbal Order List screen will be displayed.
- Click on the Plan of Care you would like to recertify or copy and click the **Select** button.

The Edit Plan of Care/Verbal Order screen will be redisplayed containing the details of the selected Plan of Care.

- Make sure that the Plan of Care displayed is the one you want to recertify or copy.
- Click the **Recertify** or **Copy** button above the toolbar.

The **Recertify** or **Copy Plan of Care** screen will be displayed.

The screenshot displays the 'Recert Plan of Care' window. The top section contains patient and client information. The middle section shows the current certification period and payer details. The bottom section allows for updating the certification period, payer, and physician. A 'Recert' button is prominently displayed at the bottom center.

- Verify that the information section at the top of the screen describes the Plan of Care you want to recertify or copy.
- Change any of the “New” field values so that they contain the values you want associated with the new Plan of Care. These fields include: **New Cert Begin**, **New Cert End**, **New Payer**, and **New Prime Physician**.
- If you have selected to recertify, the New Cert Begin date will default to the start of the next episode and the End date is automatically filled in with the date x (x being the number of days in the original cert period) days after the New Cert Begin. Once the certification period is changed, the New Payer combo box may be positioned to a new

payer if the original Payer for this patient is no longer valid for the new certification period entered.

- Make sure that all of the information displayed on the Recertify or Copy Plan of Care screen is correct.
- Click the **Recert** or **Copy** button to create the new Plan of Care or click the **Cancel** button to cancel the recert or copy.
- Click on the **Yes** or **No** button in the popup screen that asks, “Do you want to copy the Orders and Goals paragraphs?” Answering Yes to this question will copy the orders and goals information from the Plan of Care that you selected to the new Plan of Care. Answering No to this question will not copy the orders and goals information.
- Click on the **Yes** or **No** button in the popup screen that asks, “Do you want to append verbal order information to the new recert POC?” Answering Yes to this question will ALL verbal order information (except for comments) to the new Plan of Care in addition to the previous Plan of Care’s information. It is then up to you, the user to edit the resulting recert Plan of Care to reflect the correct information. Answering No to this question will not copy the verbal order information to the new Plan of Care.
- Once the Plan of Care is recertified or copied, a message will appear containing the unique POC # that the system has assigned to the new Plan of Care.
- If the end date for the new Plan of Care is after the payer set end date for the client/payer relationship reflected on the Plan of Care, SAM will automatically extend the payer set end date to reflect the end date on the new Plan of Care.

Recertifying or Copying Plan of Care Notes:

The new Plan of Care cannot have the same **Cert Begin, Cert End, Payer, and Prime Physician** as another Plan of Care. This would make the Plan of Care not unique and you will not be able to save it.

The following Plan of Care information is copied from the original Plan of Care to the new Plan of Care when the **Recert** or **Copy** button is clicked:

Medications, Diagnoses, Surgical Procedures, Supplies, Safety Measures, Nutritional Requirements, Allergies, Functional Limitations, Activities Permitted, Mental Status, Prognosis, and Case Manager.

Printing, Previewing and Exporting Plans of Care and Verbal Orders

Plans of Care and Verbal Orders may be printed or previewed on the screen at any time after they are created.

Plans of Care may also be exported to an .XML file that may then be used to import to a **Care Plan Oversight and eSignature System (CPOS)**.

There is a XML interface to the following CPOS systems:

Ancillary Care Management ACM
EClickMD
Alacare

There are two screens that may be used to print or export: the **Edit Plan of Care/Verbal Order** screen and the **Plan of Care/Verbal Order Report** screen. The Edit Plan of Care/Verbal Order screen allows you to create an .XML file with only one Plans of Care/Verbal Order in it; the one currently displayed on the screen. The Plan of Care/Verbal Order report allows multiple Plans of Care/Verbal Orders to be sent to one .XML file.

When printing a Plan of Care or Verbal Order, you must decide if you want to print the Final Document, otherwise you will be printing a draft copy of the document and it will be printed with the word “DRAFT” across each page. A Final Document will be printed clean without the word “DRAFT” so it may be mailed to the physician.

You will be given a warning that the Final Document has been printed any time you try to modify or delete an existing Plan of Care or Verbal Order.



Once a Final Document has been printed, the Final Document Printed field on the **Edit Plan of Care/Verbal Order** screen will contain the value “YES” and all other screens associated with the Plan of Care/Verbal Order will contain the text “Final Document Printed”.

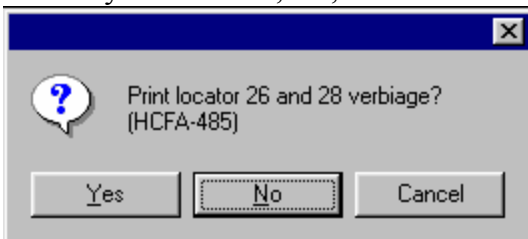
In order to print a Final Document, the Plan of Care or Verbal Order must have an assigned Primary Physician.

Printing/Previewing from the Edit Plan of Care/Verbal Order screen

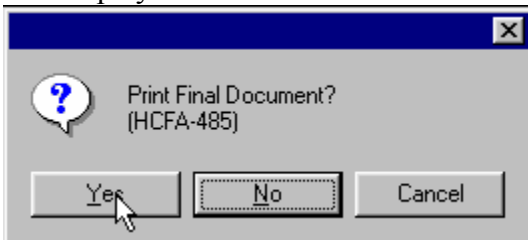
- To access the **Edit Plan of Care/Verbal Order** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to enter a new Plan of Care for
- Click on the **Define Plan of Care/Verbal Order** button.
- On the **Edit Plan of Care/Verbal Order** screen, make sure the correct **Patient Name** is displayed and the correct **Plan of Care/Verbal Order** you want to modify for the patient is displayed.
- Click the Find button on the Edit Plan of Care/Verbal Order screen.
- The Plan of Care/Verbal Order List screen will be displayed.
- Click on the Plan of Care/Verbal Order you would like to print/preview and click the **Select** button.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed containing the details of the selected Plan of Care/Verbal Order.

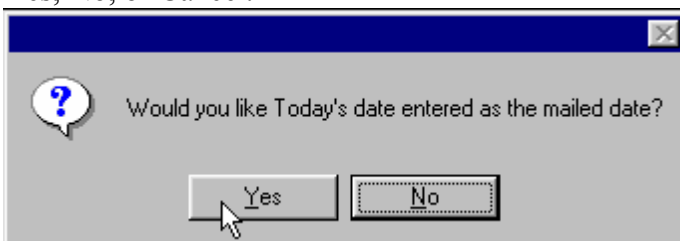
- Make sure that the Plan of Care/Verbal Order displayed is the one you want to print/preview.
- Click the **Print**  button above the toolbar to print the Plan of Care/Verbal Order or Click the **Preview**  button above the toolbar to preview the Plan of Care/Verbal Order on the screen.
- You will be prompted whether or not you would like to “Print locator 26 and 28 verbiage?”
- You may choose Yes, No, or Cancel.





- If **Print** was selected, you will be prompted whether you would like to print the Final Document. You may choose Yes, No, or Cancel. If you choose the print the Final Document, the document will be sent to the printer and the Final Document Printed field will display “YES” on the Edit Plan of Care/Verbal Order screen.



- If you answered “Yes” to “Print Final Document?” you will prompted whether or not you would like today’s date to automatically be filled in the mailed date? You may choose Yes, No, or Cancel.



- If **Preview** was selected, once the screen preview is displayed, you may click the **Print**  button on that screen to print the Plan of Care/Verbal Order or click the **Exit**  button to redisplay the **Edit Plan of Care/Verbal Order** screen.

Exporting from the Edit Plan of Care/Verbal Order screen

There is some initial setup required before you may export of a Plan of Care to an .XML file.

1. First you will need to edit the file SAM.INI on the “N:” folder. This file must contain your ACM, EClickMD and/or Alacare Provider ID in the following format (you may have a line per care plan oversight system):

Ini_ACM_ProviderID,RIVER001

And/or

Ini_Alacare_ProviderID,RIVER001

And/or

Ini_EclickMD_ProviderID,RIVER001

2. Those physicians who are registered with a Care Plan Oversight system will need to have their records modified in the physician’s database in SAM. The name of the CPOS (“acm”, “alacare” and/or “eclickmd”) must be placed in the **POC/VO Email Addr** field of the physician’s record.

The screenshot shows the 'Edit Physician' window in the SAM application. The window title is 'SAM > Melbourne : GUEST'. The menu bar includes File, Administration, Schedule, AB, Configuration, Maintenance, Login, SamToGo, Reports, and Help. The form fields are as follows:

- UPIN :** OTH0XXXXX (with a 'Select' button next to it)
- Physician Name :** KHALED ABDELKADER (with a 'Do Not Use' checkbox)
- Title :** MD
- Address :** 40 WRIGHT
- Zip Code :** 01069- Palmer, MA / 01069
- Phone :** (413) 267-9101 (with a 'FAX' field next to it)
- License Number :** 78893
- License Date :** 04/20/2003 (with a 'Date Verified' field next to it)
- General EMail Addr :**
- POC/VO EMail Addr :** eclickmd
- POC/VO Submission :** Mail (selected) EMail
- Claim ID :**


The status bar at the bottom of the window displays the message 'Enter Email Address for Plan of Care/Verbal Order Submission' and the time '9:18 AM'.

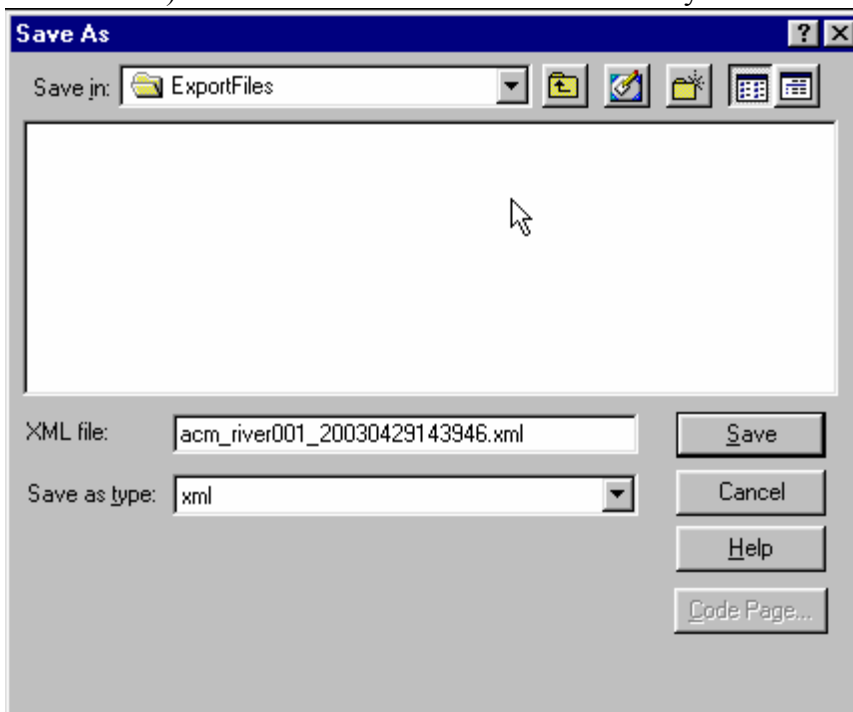
3. For physicians that you will be sending a Plan of Care for, you will need to verify that you have the correct UPIN, the system will not export Plans of Care for physicians without valid UPINs. UPIN beginning with OTH, VAD, INT, PHS, RES and RET are not considered valid.

- To access the **Edit Plan of Care/Verbal Order** screen, select menu option Administration | Clinical Information.

- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to enter a new Plan of Care for
- Click on the **Define Plan of Care/Verbal Order** button.
- On the **Edit Plan of Care/Verbal Order** screen, make sure the correct **Patient Name** is displayed and the correct **Plan of Care/Verbal Order** you want to modify for the patient is displayed.
- Click the Find button on the Edit Plan of Care/Verbal Order screen.
- The Plan of Care/Verbal Order List screen will be displayed.
- Click on the Plan of Care/Verbal Order you would like to export and click the **Select** button.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed containing the details of the selected Plan of Care/Verbal Order.

- Make sure that the Plan of Care displayed is the one you want to export.
- Click the **Generate Internet File**  button above the toolbar to export the Plan of Care.
- You will be prompted for a path and filename for the file to be created. The system will default to storing the files on the folder “N:\XML Files\ExportFiles” and naming the file with a unique name based on your Care Plan Oversight system and Provider ID (in the SAM.ini file) and the current date and time. This may be overwritten.

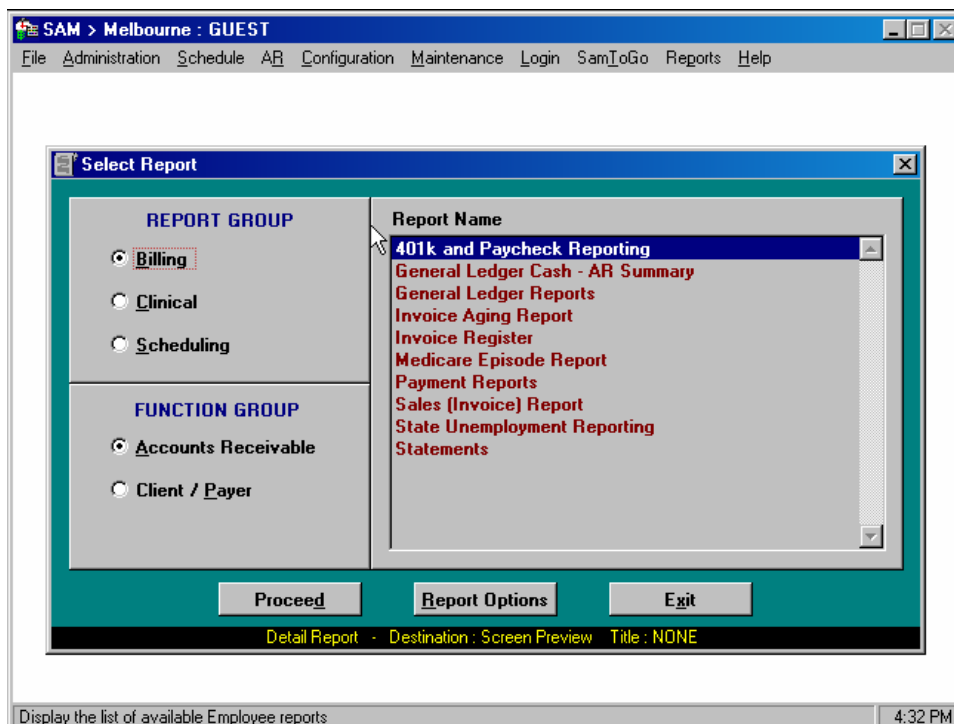


- After the file has been created, and Plans of Care/Verbal Orders exported to the file are updated in SAM as having been mailed on that date. They are also marked as having their final document printed.

- Once you have saved the .XML file, this file may be uploaded to the Care Plan Oversight website for signature. Please refer to the Care Plan Oversight's documentation for the download process.
- After the Plans of Care/Verbal Orders have been signed, your Care Plan Oversight system will allow you to create a .XML file of these signed order that you can re-import back into SAM to populate the "Received Signed" date on the orders. Please see the **Import Signed POC/VO** section in this manual.

Printing, Previewing or Exporting from the Plan of Care/Verbal Order Report screen

- To access the **Select Report** screen, select menu option Reports.
- The **Select Report** screen will be displayed.



- Click the **Clinical Information** and **Patient** options.
- Select the **Plan of Care / Verbal Order** report.
- Click the **Proceed** button.

The Plan of Care/Verbal Order Report screen will be displayed.

The screenshot shows the 'Plan of Care/Verbal Order Report' window in the SAM > Melbourne : GUEST application. The window has a menu bar with File, Administration, Schedule, AR, Configuration, Maintenance, Login, SamToGo, Reports, and Help. Below the menu bar is a title bar for the report.

The main area is divided into three sections:

- SELECT ATTRIBUTES**: Contains two input fields: "Name Beginning With :" and "Cert Begin Range :". Below these are two buttons: "Create List" and "Reset List".
- SORT ORDER**: A vertical list of radio button options: Patient, Cert Begin, Payer, Physician, and POC #.
- TYPE**: A vertical list of radio button options: Plan of Care Only, Verbal Order Only, Both, and a checked checkbox for "Print Text in 26 and 28".

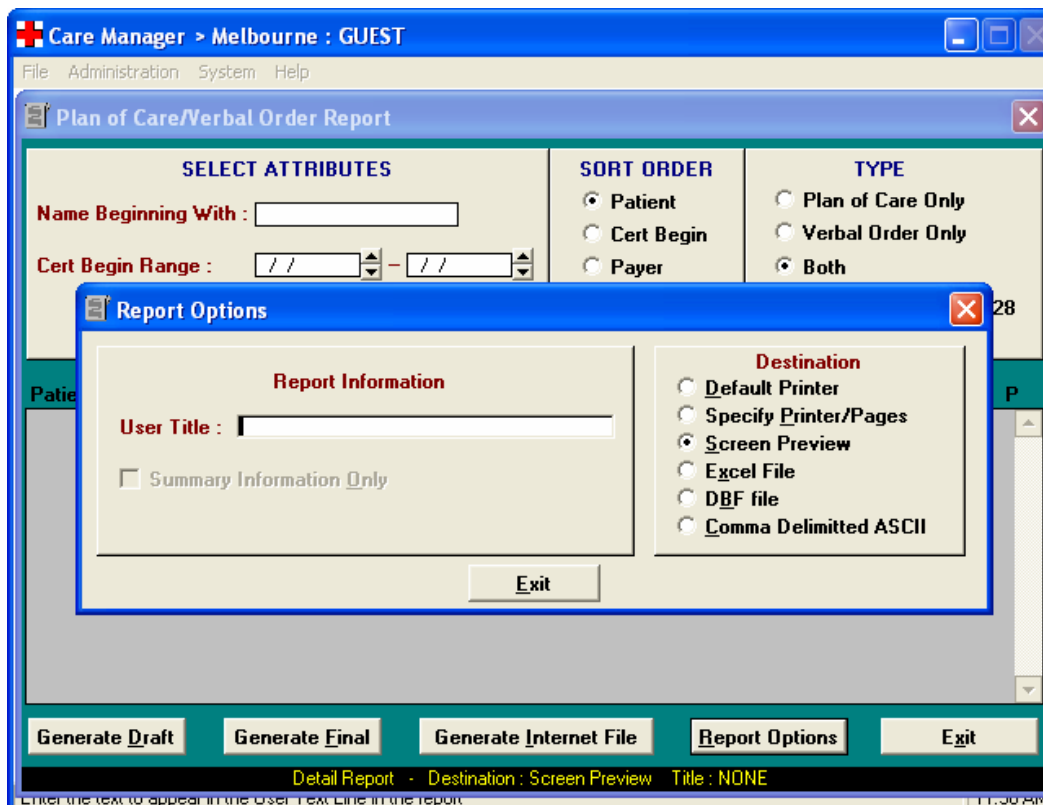
Below these sections is a large table with columns: Patient, AdmitType, POC #, Payer, Physician, Cert Begin, Cert End, VO Date, and P. The table body is currently empty.

At the bottom of the window are five buttons: "Generate Draft", "Generate Final", "Generate Internet File", "Report Options", and "Exit".

A status bar at the very bottom displays the text: "Detail Report - Destination : Screen Preview Title : NONE".

- Generate a list containing the Plan of Care/Verbal Order you would like to print, preview or export by filling in the **Name Beginning With** field or the **Cert Begin Range** fields as desired and then clicking the **Create List** button.
- If your office is located in the state of Texas, the option to print your Plan of Care using the **Texas Medicaid** format is displayed.

- If you would like to print the Plan of Care/Verbal Order, click the **Report Options** button.
- Set the **Default Printer** option in the Destination section of the **Report Options** screen (the default is **Screen Preview**). Click the **Exit** button to exit that screen.



- Select the Plan of Care or Verbal Order to print/preview from the list.
- To select one Plan of Care/Verbal Order, click on the item in the list.
- To select multiple Plans of Care/Verbal Orders, control-click on each item or shift-click on the first and last item.
- Click the **Generate Draft** or **Generate Final** button.
- The Plan of Care/Verbal Order will be sent to the printer or be displayed on the screen depending on the setting of the Destination option on the Report Options screen.

Exporting from the Edit Plan of Care/Verbal Order Report screen

There is some initial setup required before you may export of a Plan of Care to an .XML file.

1. First you will need to edit the file SAM.INI on the "N:" folder. This file must contain your ACM, EClickMD and/or Alacare Provider ID in the following format (you may have a line per care plan oversight system):

```
Ini_ACM_ProviderID,RIVER001
```

And/or

Ini_Alacare_ProviderID,RIVER001

And/or

Ini_EclickMD_ProviderID,RIVER001


- Those physicians who are registered with a Care Plan Oversight system will need to have their records modified in the physician's database in SAM. The name of the CPOS ("acm", "alacare" and/or "eclickmd") must be placed in the **POC/VO Email Addr** field of the physician's record.

The screenshot shows the 'Edit Physician' window in the SAM application. The window title is 'SAM > Melbourne : GUEST'. The menu bar includes File, Administration, Schedule, AB, Configuration, Maintenance, Login, SamToGo, Reports, and Help. The form fields are as follows:

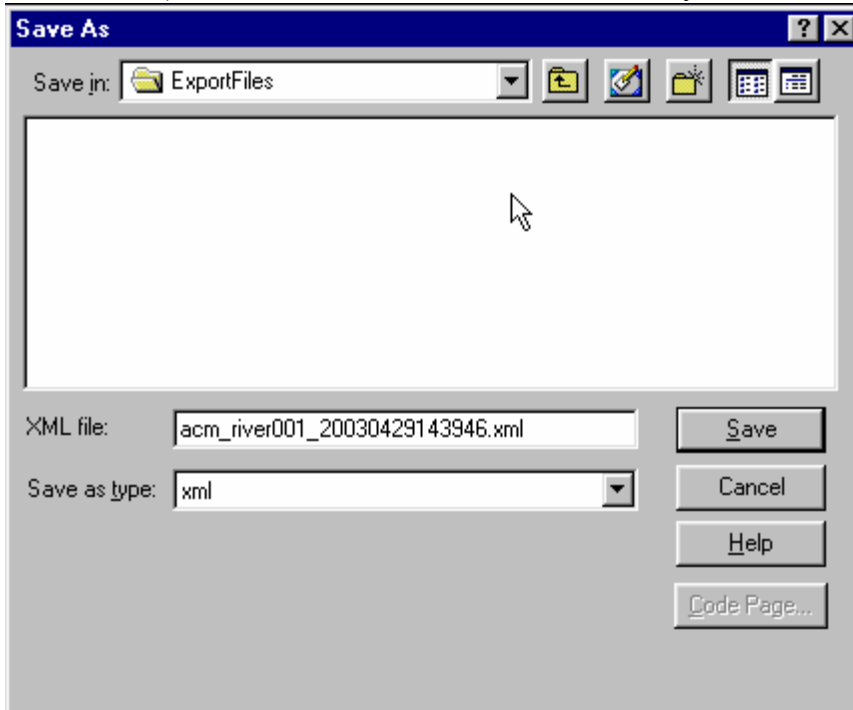
- UPIN :** OTH0XXXXX (with a 'Select' button)
- Physician Name :** KHALED ABDELKADER (with a 'Do Not Use' checkbox)
- Title :** MD
- Address :** 40 WRIGHT
- Zip Code :** 01069- Palmer, MA / 01069
- Phone :** (413) 267-9101 (with a 'FAX' field)
- License Number :** 78893
- License Date :** 04/20/2003 (with a 'Date Verified' field of 05/01/2001)
- General EMail Addr :** (empty)
- POC/VO EMail Addr :** eclickmd
- POC/VO Submission :** Radio buttons for 'Mail' and 'Email' (both are unselected)
- Claim ID :** (empty)

The status bar at the bottom reads 'Enter Email Address for Plan of Care/Verbal Order Submission' and shows the time '9:18 AM'.

- For physicians that you will be sending a Plan of Care for, you will need to verify that you have the correct UPIN, the export will not export Plans of Care for physicians without valid UPINs. UPIN beginning with OTH, VAD, INT, PHS, RES and RET are not considered valid.

- Select the Plan of Care to export from the list.
- To select one Plan of Care, click on the item in the list.
- To select multiple Plans of Cares, control-click on each item or shift-click on the first and last item.
- Click the **Generate Internet File**  button to export the Plan of Care.
- You will be prompted for a path and filename for the file to be created. The system will default to storing the files on the folder "N:\XML Files\ExportFiles" and naming the file

with a unique name based on your Care Plan Oversight system and Provider ID (in the SAM.ini file) and the current date and time. This may be overwritten.



- After the file has been created, and Plans of Care/Verbal Orders exported to the file are updated in SAM as having been mailed on that date. They are also marked as having their final document printed.
- Once you have saved the .XML file, this file may be uploaded to the Care Plan Oversight website for signature. Please refer to the Care Plan Oversight's documentation for the download process.
- After the Plans of Care/Verbal Orders have been signed, your Care Plan Oversight system will allow you to create a .XML file of these signed order that you can re-import back into SAM to populate the "Received Signed" date on the orders. Please see the **Import Signed POC/VO** section in this manual.

Importing Signed Plans of Care and Verbal Orders

Signed Plans of Care and Verbal orders may have their "Received Signed" date imported into SAM from an .XML file created by a **Care Plan Oversight and eSignature System (CPOS)**.

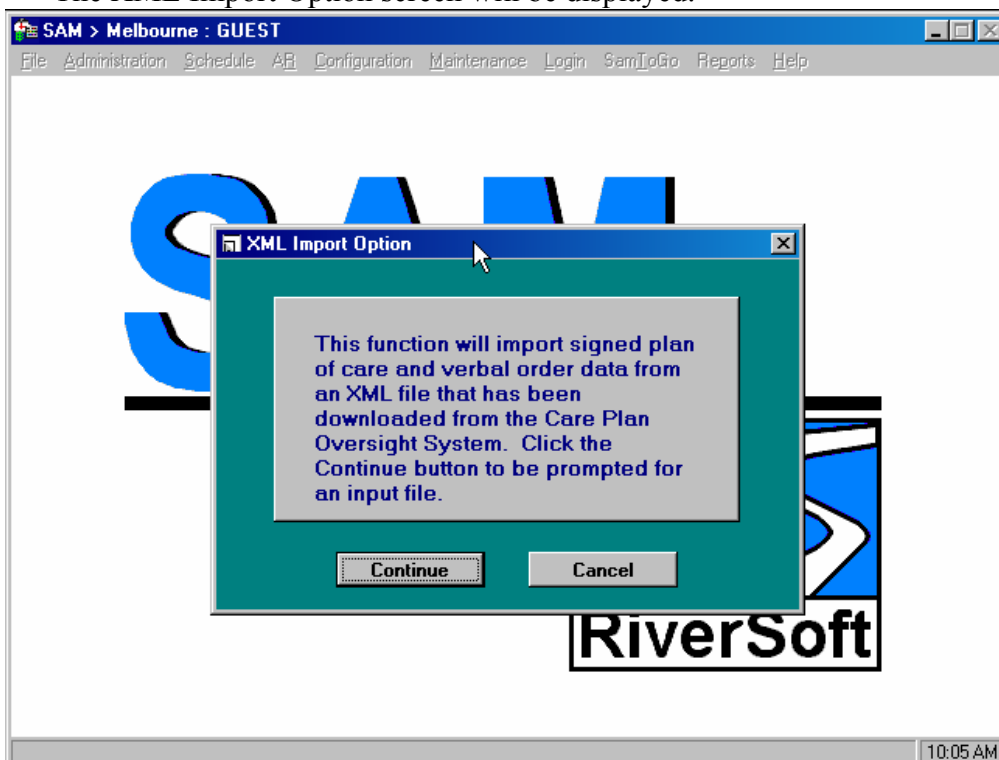
There is a XML interface to the following CPOS systems:

Ancillary Care Management ACM
 EClickMD
 Alacare

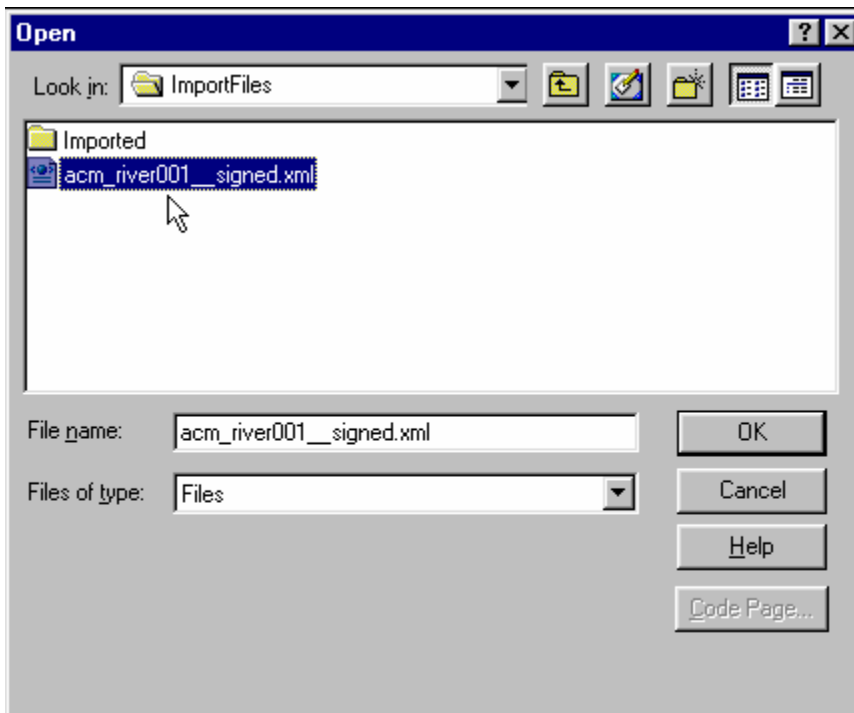
To import a XML file of signed Plans of Care/Verbal Orders, it is very **important** to first install the RiverSoft XML reader on any workstation that you will be using to import the XML files.

To install:

1. Double Click on n:\tools\rs_xml\rs_xml_stuff.msi
 2. Click on the Next button on each of the screen, accepting all defaults.
 3. On the last installation screen, click the Close button.
- After you have installed the RiverSoft XML reader, to import the signed Plans of Care/Verbal Orders, you should first move any XML files to be imported into SAM into the n:\xml files\importfiles folder.
 - To access the **Import Signed Poc/VO** screen, select menu option File | Import | Signed POC/VO.
 - The XML Import Option screen will be displayed.



- Click on the Continue button on the XML Import Option screen.



- Select the file to be imported on the Open screen.
- SAM will import each Plan of Care or Verbal Order in the .xml file and then display a processing results log on your screen. You may print this log. Click the Exit button to exit.
- The file that you chose to import will be moved to the n:\xml files\importfiles\imported folder so that you can maintain a history of the files imported. The processing results log file is also stored in this directory and its filename begins with the name of the file you imported followed by “_log.”
- For each signed Plan of Care/Verbal Order, SAM will fill in the “Received Signed” date based on the date that was in the XML file.

Admitting/Discharging/Readmitting a Patient to/from a Payer

SAM gives the user the capability to admit, discharge, and readmit a patient at both the agency level and the payer level. A patient has an Agency Current Status (“Incomplete”, “Active”, “Hold”, or “Discharged”). The Agency Current Status is the patient’s status in the agency no matter how many payers the patient has (i.e. Self Pay, Unisys, and Medicare). The patient is only discharged from the agency when the patient is no longer receiving any care by the agency.

A patient is admitted and discharged from the agency by first selecting the Clinical Information menu option to display the Edit Patient screen, then pressing the Edit button on the Edit Patient screen, which in turn brings up the Edit Patient Status screen. Refer to the sections **Admitting a Patient into the Agency**, **Discharging a Patient from the Agency**, and **Modifying a Patient’s Agency Status** for more information on setting the patient’s Agency Current Status.

A patient is admitted to a payer simply by defining the client/payer relationship via the **Client** feature. SAM also gives the user the capability to discharge a patient from a payer without

discharging the patient from the agency and then to readmit the patient to the payer. This feature is used in an “invisible” fashion and *does not have to be used!*

This capability allows offices that have patients receiving some care covered by one payer (i.e. Medicare) and also some other care covered by a private insurance company (or Self Pay) a way to discharge the patient from Medicare only (not the agency – since the patient is still receiving care covered by another payer); and to specify a Discharge Date specific to the Medicare payer (to be printed on the Medicare Claim). At a later date, the offices may readmit the patient to Medicare and specify a new Start of Care Date specific to the Medicare payer (to be printed on the HCFA 485 and the Medicare Claim).

The capability to change a Start of Care date, and to discharge and readmit a patient from/to a payer is accomplished using the Edit Plan of Care/Verbal Order screen:

- The date that is displayed in the Payer Start of Care field is the date used to fill in Locator 2 (Start of Care Date) on the HCFA 485 and on the Claim associated with the Plan of Care displayed on the screen.
- The date that is displayed in the Payer Discharge Date field the date used on the Claim associated with the Plan of Care displayed on the screen.

The default dates supplied are usually the dates most users will want to use without change. However, if the default Payer Start of Care date or the default Payer Discharge Date are not the dates the user wants used on the HCFA 485 or Claims, the dates may be changed using the Edit Payer Status screen. This screen is displayed by pressing the Edit Payer Status button on the Edit Plan of Care/Verbal Order screen.

The only times a user would want to use the Edit Payer Status button to edit the Payer Status, Payer Start of Care, or Payer Discharge Date are when:

- The patient has received care by the agency which was paid for by one payer and now care is to be paid for by a new payer
(In this case the Agency Start of Care will be earlier than the new Payer Start of Care so the Payer Start of Care should be modified)
- The patient is to be discharged from a payer and not the agency
- The patient is to be readmitted to a payer after being discharged from the payer and a new Start of Care date is required.

Modifying the Payer Start of Care for a Payer

The Payer Start of Care date may be modified to be different from the Agency Start of Care date (the default date).

The date that is displayed in the Payer Start of Care field on the Edit Plan of Care/Verbal Order screen is the date used to fill in Locator 2 (Start of Care Date) on HCFA 485s and the Start of Care on Claims associated with Plans of Care for this payer.

Whenever the HCFA 485 and Claim Start of Care for a payer are different than the Agency Start of Care, the user should modify the Payer Start of Care for the payer.

- To access the **Edit Plan of Care/Verbal Order** screen to modify the payer status dates, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to modify the payer start of care date for.
- Click on the **Define Plan of Care/Verbal Order** button.
- Use the **Find** button to select a Plan of Care associated with the payer whose **Payer Start of Care** is to be modified.
- Click on the Plan of Care you would like to modify, and click the **Select** button.
- Once the Plan of Care is displayed, make sure the **Payer** field contains the correct payer name.
- Click the **Edit Payer Status** button near the bottom of the screen.

The **Edit Payer Status** screen will be displayed filled in with information about the payer selected.


The screenshot displays the 'Edit Payer Status' dialog box within the 'SAM > Melbourne : GUEST' application. The dialog box is titled 'Edit Payer Status' and contains the following fields:

- Patient:** Helen Abbey
- Client #:** 002080-02
- Agency Start of Care:** 05/17/2001
- Agency Discharge Date:** / /
- Payer:** 01 - Tufts Associated HMO
- Payer Start/End Date:** 05/17/2001 / 11/07/2002
- Payer Status:** Active (dropdown menu)
- Payer Start of Care:** 05/17/2001 (calendar icon)
- Payer Discharge Date:** / / (calendar icon)

At the bottom of the dialog box are 'Save' and 'Cancel' buttons. The background window shows the 'Edit Plan of Care/Verbal Order' screen with tabs for Orders, Goals, Medications, Compliance Rules, Recert, and Copy. The 'Diagnoses' tab is selected, showing a list of diagnoses and a 'Select' button. The 'Payer' field in the background is set to '01 - Tufts Associated HMO'.

- The **Payer** field contains the payer Set # (same as the Set # on Edit Client/Payer screen) followed by the payer name.
- The **Payer Start/End Date** fields contain the payer set Start/End Date (same as the Start/End Date on the Edit Client/Payer screen).

To modify the displayed Payer Start of Care date for the displayed payer:

- Enter the desired date in the **Payer Start of Care** field.
- Click the **Save**  button to save the new status and date.

- The **Edit Plan of Care/Verbal Order** screen will be redisplayed with the **Payer Start of Care** field filled in with the saved start of care date.

The **Payer Start of Care** is now available to be used as the Start of Care on all HCFA 485s and Claims associated with all Plans of Care for this payer.

Discharging a Patient from a Payer

To discharge a patient from a specific payer and not the agency (i.e. Medicare):

- To access the **Edit Plan of Care/Verbal Order** screen to modify the payer status dates, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to discharge from a payer.
- Click on the **Define Plan of Care/Verbal Order** button.
- Use the **Find** button to select the latest Plan of Care associated with the payer the patient is to be discharged from.

NOTE: Selecting the latest Plan of Care for the payer is especially important after the patient has already been discharged and then readmitted to the payer in the past.

- Click on the Plan of Care you would like to modify, and click the **Select** button.
- Once the Plan of Care is displayed, make sure the **Payer** field contains the correct payer name.
- Click the **Edit Payer Status** button near the bottom of the screen.

The **Edit Payer Status** screen will be displayed filled in with information about the payer selected.


The screenshot shows the 'Edit Payer Status' dialog box within the SAM > Melbourne : GUEST application. The dialog box is titled 'Edit Payer Status' and contains the following fields and buttons:

- Patient :** Helen Abbey
- Client # :** 002080-02
- Agency Start of Care :** 05/17/2001
- Agency Discharge Date :** //
- Payer :** 01 - Tufts Associated HMO
- Payer Start/End Date :** 05/17/2001 / 11/07/2002
- Payer Status :** Active (dropdown menu)
- Payer Start of Care :** 05/17/2001
- Payer Discharge Date :** //
- Buttons:** Save, Cancel, Edit Payer Status

The background application window shows the 'Edit Plan of Care/Verbal Order' screen with various tabs like Orders, Goals, Medications, Compliance Rules, Recert, and Copy. The 'Edit Payer Status' dialog box is overlaid on top of this screen.

- The **Payer** field contains the payer set Set # (same as the Set # on the Edit Client/Payer screen) followed by the payer name.
- The **Payer Start/End Date** fields contain the payer set Start/End Date (same as the Start/End Date on the Edit Client/Payer screen).

To discharge the displayed patient from the displayed payer:

- Select the status of “Discharged” in the **Payer Status** combo box.
- The **Payer Discharge Date** field will become enabled.
- Enter the **Payer Discharge Date**.
- Click the **Save**  button to save the new status and discharge date. The client/payer authorization end date will be set equal to the discharge date plus one day.
- The **Edit Plan of Care/Verbal Order** screen will be redisplayed with the **Payer Status** field filled in with “Discharged” and the **Payer Discharge Date** filled in with the saved discharge date.

The patient is now discharged from the payer.

The **Payer Discharge Date** is now available to be used as the Discharge Date on all Claims associated with all Plans of Care for this payer.


Readmitting a Patient to a Payer

A patient may be readmitted to a payer that the patient has been previously discharged from (Refer to the previous section, **Discharging a Patient from a Payer**). First, a new payer (another payer set with the same payer as the payer the patient was discharged from) must be defined for the patient before a new Plan of Care may be defined using the payer.

To readmit a patient to a specific payer and not the agency (i.e. Medicare), first create a new payer set for the payer for the patient:

- Use the **Edit Client/Payer** screen to create a new payer set for the payer the patient is to be readmitted to. Refer to section **Defining Client Payer Sets** for screen pictures.
- To access the **Client/Payer** screen, select menu option Administration | Clients and click the Payers button.

- After the client is selected, use the **Find** button to select the payer the patient is to be readmitted to.
- After the **Edit Client/Payer** screen is redisplayed containing the correct payer, modify the **End Date** to be the same as the Certification End Date of the last valid Plan of Care before the patient was discharged from the payer.
- Click the **Save** button to save the change.
- Click the **New** button (to create a new payer set for the same payer).
- Use the **Select** button next to the **Payer** field to select the payer the patient is to be readmitted to.
- Enter the **Insured's ID** and any other information desired.
- Fill in the **Start/End Date** with the Certification Begin Date and the Certification End Date for the new Plan of Care that is going to be created for this patient for this payer.

- Click the **Save**  button to save the new payer.
- A message will appear: “WARNING: This Payer Has Already Been Assigned to the Current Client – Continue Save?”
- Click the **Yes** button

Now create the new Plan of Care using the new payer set:

- Display the **Edit Plan of Care/Verbal Order** screen.
 - Once the **Edit Plan of Care/Verbal Order** screen is displayed, make sure the correct **Patient Name** is displayed on the screen.
 - Use the **Find** button to select the last valid Plan of Care associated with the payer the patient was discharged from.
 - Once the Plan of Care is displayed, make sure the **Payer** field contains the correct payer name.
 - Click the **Copy** button to copy the old Plan of Care to the new Plan of Care.
- Enter the **New Cert Begin** date
- Enter the **New Cert End** date
- Select the payer the patient is to be readmitted to in the **New Payer** combo box.

If the **Start/End Dates** on the Edit Client/Payer screen were entered correctly for both the old and new versions of the payer, only the newer version of the payer should be showing up in the **New Payer** list.

- Click the **Copy** button to save the new Plan of Care.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed positioned to the new Plan of Care.

Verify that the **Cert Begin**, **Cert End**, and **Payer** are correct.


The **Payer Start of Care**, **Payer Discharge Date**, and **Payer Status** are set to their default values.

To change the **Payer Start of Care** (which will fill in Locator 2 (Start of Care) on the HCFA 485) to be different than the default value of the **Agency Start of Care**:

- Click the **Edit Payer Status** button near the bottom of the screen.

The **Edit Payer Status** screen will be displayed filled in with information about the payer selected.

To modify the displayed Payer Start of Care date for the displayed payer:

- Enter the desired date in the **Payer Start of Care** field.
- Click the **Save**  button to save the new status and date.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed with the **Payer Start of Care** field filled in with the saved start of care date.

The **Payer Start of Care** is now available to be used as the Start of Care on all HCFA 485s and Claims associated with all Plans of Care for this payer.

The patient is now readmitted to the payer and the shell for the initial Plan of Care has been created. At this point the contents of the Plan of Care may be modified and completed correctly.

Verbal Order Management

Entering a New Verbal Order

A Verbal Order should be created for a patient whenever the physician has decided to make a revision to the original Plan of Care for the patient. The original Plan of Care should not be modified, but instead the change is documented by creating a Verbal Order associated with the Plan of Care. The Verbal Order form created is titled Revision to Plan of Care.

A Verbal Order documents change to any part of the Plan of Care including: Medications, Diagnoses, Surgical Procedures, Supplies, Orders, and Goals.

A new Verbal Order is created for a patient using the **Edit Plan of Care/Verbal Order** screen. You are required at a minimum to select the **New Verbal Order** button, enter the **Cert Begin** and **Cert End** dates, select a **Payer**, select a **Physician**, and enter the **Verbal Order Date**.

It is very important that the Verbal Order has the same **Cert Begin** and **Cert End** dates, **Payer**, and **Physician** as the original Plan of Care that this Verbal Order is documenting a change to.

- To access the **Verbal Order** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to enter a new Verbal Order for.
- Click on the **Define Plan of Care/Verbal Order** button.
- The **Edit Plan of Care/Verbal Order** screen will be displayed with the **Patient Name** field filled in with the name of the patient selected
- Once the **Edit Plan of Care/Verbal Order** screen is displayed, make sure the correct **Patient Name** is displayed on the screen.

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Edit Plan of Care/Verbal Order

Orders Goals Medications Compliance Rules Recert Copy

Diagnoses Surg Procs Supplies Safety/Etc.

PLAN OF CARE/VERBAL ORDER Client #: A00145-A2
POC #: A0001676

Patient Name : Michael Wilson

Agency Start of Care : 06/08/2002 Agency Status : Active

Type : Plan of Care (60 Days)

Cert Begin : 10/06/2002 Cert End : 12/04/2002

Payer : A1 - Medicare (N) 06/08/2002-12/04/2002

Primary Physician : KRISHNAN A BABU Select

Secondary Physician : Select

Verbal Start of Care : / / Physician DB

Payer Start of Care : 06/08/2002 Payer Status : Active

Payer Discharge Date : / / Edit Payer Status

VERBAL ORDER INFORMATION

Verbal Order Date : / /

MISCELLANEOUS

Medical Rec No : A00145-A2

HI Claim No : 032124906A

Provider No : 227213

Comment :

Case Manager : Marilyn J Borowiec Select

☒ Include Case Manager on Plan of Care

STATUS Final Document Printed : NO

Created : 09/23/2002 History

Mailed : / /

Received : / /

Signed : / /

GUE 06/21/2005 11:16 AM

Enter the Certification Begin date 11:16 AM

- Click the **Find** button on the **Edit Plan of Care/Verbal Order** screen.

The **Plan of Care/Verbal Order List** screen will be displayed.

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Plan of Care/Verbal Order List

PATIENT

Patient : Michael Wilson

Client #: A00145-A2

LIST ORDER

☒ Cert Dates

☐ Payer

☐ Physician

☐ POC #

LIST DIRECTION

☐ Ascending

☒ Descending


Type	Cert Begin	Cert End	Payer	Physician	POC #	VO Date	P	M	S
Plan	10/06/2002	12/04/2002	A1-Medicare	KRISHNAN A BABU	A0001676				
Verbal	08/07/2002	10/05/2002	A1-Medicare	KRISHNAN A BABU	A0001699	09/08/2002	x	x	
Verbal	08/07/2002	10/05/2002	A1-Medicare	JONATHAN SLATE	A0001594	09/09/2002	x	x	
Verbal	08/07/2002	10/05/2002	A1-Medicare	KRISHNAN A BABU	A0001366	08/16/2002	x	x	
Plan	08/07/2002	10/05/2002	A1-Medicare	KRISHNAN A BABU	A0001208		x	x	
Verbal	06/08/2002	08/06/2002	A1-Medicare	JONATHAN SLATE	A0001052	07/02/2002	x	x	
Verbal	06/08/2002	08/06/2002	A1-Medicare	JONATHAN SLATE	A0000992	06/08/2002	x	x	
Plan	06/08/2002	08/06/2002	A1-Medicare	JONATHAN SLATE	A0000933		x	x	


Select Cancel


Select the desired Plan of Care or Verbal Order 11:16 AM

- Click on the Plan of Care you would like to associate the new Verbal Order with and click the **Select** button.

The Edit Plan of Care/Verbal Order screen will be redisplayed containing the details of the selected Plan of Care.

- Make sure that the Plan of Care displayed is the one you want to create the Verbal Order for.
- Click the **New Verbal Order**  button on the toolbar to add a new Verbal Order.
- The **Add Plan of Care/Verbal Order** screen is displayed.

- The **Type** field will contain “Verbal Order”.
- The **Cert Begin** date will be filled in with the Cert Begin date of the Plan of Care.
- The **Cert End** date will be filled in with the Cert End date of the Plan of Care.
- The **Payer** combo box will display the Payer of the Plan of Care.
- The **Prime Physician** field will be filled in with the Prime Physician of the Plan of Care.
- The **Sec Physician** field will be filled in with the Sec Physician of the Plan of Care.
- The **Verbal Start of Care** date will be filled in with the Verbal Start of Care date of the Plan of Care.
- The **Case Manager** field will be filled in with the Case Manager of the Plan of Care.
- Enter the **Verbal Order Date** associated with the new Verbal Order.
- Make sure that all of the information displayed on the Edit Plan of Care/Verbal Order screen is correct.
- Click the **Save**  button on the toolbar to save the Verbal Order.

- The **POC #** will be filled in with a unique number that the system assigns to the Verbal Order.
- You may preview the Verbal Order contents by clicking the **Preview**  button above the toolbar.

New Verbal Order Notes:

A new Verbal Order can only be created for patients that have a Plan of Care.

The Verbal Order is associated with the Plan of Care by having the same **Cert Begin** and **Cert End** dates, **Payer**, and **Physician** as the Plan of Care.

A new Verbal Order cannot be created for a patient with an Agency Current Status of “Discharged”.

Defining Verbal Order Contents



Once the essential parts of a new Verbal Order are entered (refer to **Entering a New Verbal Order**), you must then decide what part of the original Plan of Care this new Verbal Order is documenting a change to. This will determine what button on the **Edit Plan of Care/Verbal Order** screen you will use to fill out the rest of the Verbal Order. For example, if the physician changed the Medications, click the **Medications** button on the **Edit Plan of Care/Verbal Order** screen and enter the medication information associated with the change.

If the physician ordered a change to the patient’s scheduled care (i.e. more SN visits are now required than previously ordered) and you wish to do compliance checking on the patient’s visits, then you will click the **Compliance Rules** button to enter the new Doctor Order. **It is only necessary to define Doctor Orders if the physician has ordered a change to the patient’s care that changes the services to be rendered.**


Refer to the section associated with defining each of these parts of the i.e. **Defining Plan of Care/Verbal Order Orders**.

Fill out the contents of the Verbal Order as follows.

- Click on any of the following buttons to enter the Verbal Order associated information:
 - Orders
 - Goals
 - Medications
 - Diagnosis
 - Verbal Order
 - Surg Procs
 - Supplies

- Each of these buttons will display a screen on which you can define the associated Verbal Order information.
- Make sure all the information on the screen is correct.
- Click the **Save**  button on the toolbar to save changes made on the screen.
- Click the **Exit**  button on the toolbar to exit the screen.

The **Edit Plan of Care/Verbal Order** screen will be redisplayed.

You may preview the Verbal Order contents at any time by clicking the **Preview**  button above the toolbar on the **Edit Plan of Care/Verbal Order** screen.

You may also print the Verbal Order by clicking the **Print**  button above the toolbar on the **Edit Plan of Care/Verbal Order** screen.

Modifying a Verbal Order

Refer to section **Modifying a Plan of Care/Verbal Order**.

Deleting a Verbal Order

Refer to section **Deleting a Plan of Care/Verbal Order**.

Doctor Order Management

Entering Plan of Care/Verbal Order Doctor Orders

A Doctor Order describes a type of service the patient is to receive as prescribed by the physician. The Doctor Order becomes a rule governing how a specific skill of service should be administered to the patient. A Doctor Order consists of a skill, frequency, duration, optional interval, start date, and an end date.

Note: Any compliance rule that is older than 1 year (based on the end date of the rule) will be purged nightly when the system reindexes. You can change the timeframe for deleting these rules by adding the following line to your n:\sam.ini file:

Ini_Comp_Rules_Purge_Months,#

Where # is the number of months (back from today) to keep compliance rules.

Scheduling interprets the “rules” as set up in the associated Doctor Orders to do Compliance Checking on the scheduled visits. In this way, it can then be determined whether visits are in or out of compliance with the physician’s prescribed care.

- To access the **Compliance Rule** screen for Doctor Orders, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to enter Doctor Orders for.
- Click on the **Define Plan of Care/Verbal Order** button.
- The **Edit Plan of Care/Verbal Order** screen will be displayed.
- On the **Edit Plan of Care/Verbal Order** screen, make sure the correct **Patient Name** is displayed and the correct **Plan of Care/Verbal Order** you want to add Doctor Orders to is displayed.

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Edit Plan of Care/Verbal Order

PLAN OF CARE/VERBAL ORDER Client # : 002512-A3
 Final Document Printed POC # : A0001548
 Patient Name : Jennifer Willse
 Agency Start of Care : 05/23/2002 Agency Status : Active
 Type : Plan of Care [60 Days]
 Cert Begin : 09/20/2002 Cert End : 11/18/2002
 Payer : A1 - Health New England (N) 05/23/2002-11/18/2
 Primary Physician : DARREN O'NEIL Select
 Secondary Physician : Select
 Verbal Start of Care : Physician DB
 Payer Start of Care : 05/23/2002 Payer Status : Active
 Payer Discharge Date : Edit Payer Status

VERBAL ORDER INFORMATION
 Verbal Order Date :
 MISCELLANEOUS
 Medical Rec No : 002512-A3
 HI Claim No : 022324598-02
 Provider No : 13308
 Comment :
 Case Manager : Charissa Rose Select
☒ Include Case Manager on Plan of Care

STATUS Final Document Printed : YES
 Created : 09/10/2002 History
 Mailed : 09/23/2002
 Received : 09/25/2002
 Signed :
 PAI 09/26/2002 09:04 AM

Enter the Certification Begin date 12:36 PM

- Click on the **Compliance Rules** button.
- The **Edit Compliance Rule** screen will be displayed.

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Edit Compliance Rule

CLIENT INFORMATION Client # : 002512-A3
 Client : Jennifer Willse
 Payer : Health New England
 Cert Period Dates : 09/20/2002-11/18/2002

COMPLIANCE RULE
 Rule Type : Doctor Order
 Auth # :
 Skill/Subskill : SN
 Frequency : Min 1.00 to Max 1.00
 A Day
 Duration : for 5
 Interval : every 0
 Start Date : 05/23/2002
 End Date : 05/27/2002
 PAI 05/28/2002 09:56 AM

12:37 PM

- Click the **New** button on the toolbar to add a new doctor order type compliance rule.
- The **Add Doctor Order** screen is displayed.

CLIENT INFORMATION Client # : 002512-A3

Client : Jennifer Willse

Payer : Health New England

Cert Period Dates : 09/20/2002-11/18/2002

COMPLIANCE RULE

Rule Type : Doctor Order

Auth # :

Skill/Subskill :

Frequency : 1.00 to 1.00

Duration : for 1

Interval : every 0


Start Date : / /

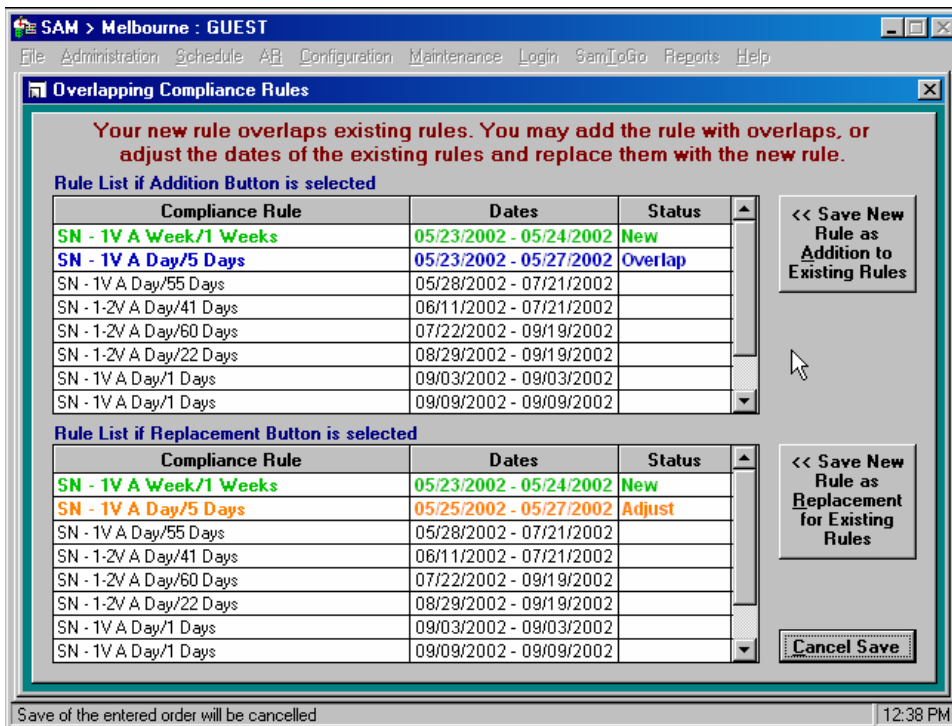
End Date : / /

COMPLIANCE RULE COMMENT

Select the skill and subskill

12:37 PM

- Notice that the **Rule Type** defaults to “Doctor Order.”
- Select the Doctor Order skill and sub-skill in the **Skill/Sub-skill** combo box. This list of Skill/Subskills is derived from the valid skills you have entered either on the Client Skills and Codes (Self-Pay) or the Client/Payer Skills and Codes screens. Compliance rules may only be entered for valid skills.
- Enter the **minimum** number of times (**frequency**) that a visit should occur within the specified time unit in the field before the word **to**.
- Enter the **maximum** number of times (**frequency**) that a visit should occur within the specified time unit in the field after the word **to**.
- Indicate whether the frequency for the Doctor Order applies to a number of **Hours** or **Visits** by clicking on the option.
- Specify the **frequency unit** (**A Day, A Week, A Month, As Needed**) in the frequency combo box that corresponds to the number of Hours/Visits entered.
- Enter the **duration** of the Doctor Order in the field after the word **for**.
- Specify the **time unit** corresponding to the entered duration by selecting the Days, Weeks, or Months option.
- Enter the **interval** of the Doctor Order in the field after the word **every**.
- Specify the **time unit** corresponding to the entered interval by selecting the Days, Weeks, or Months option.
- Enter the first day that a visit can be scheduled for this order in the **Start Date** field.
- Enter the date that visits can no longer be scheduled for this order in the **End Date** field.
- Make sure all the information about the Doctor Order is correct.
- Click the **Save**  button on the toolbar to save the Doctor Order.
- If the new compliance rule overlaps an existing Doctor Order compliance rule, the **Overlapping Compliance Rules** screen will be displayed.



If the new doctor order represents visits to be done in addition to what the doctor has already order, choose **Save New Rule as Addition to Existing Rules**. The rule will be saved “as is.” If the doctor order replaces the current order, choose **Save New Rule as Replacement for Existing Rules**. This will cause the system to adjust the dates on the current order to end as the new rule begins.

For a complete discussion of compliance rules and compliance checking, see the Compliance Checking presentation in the “n:/users manuals” folder of your server.

The compliance rule will be checked each time a change is made to the client’s schedule. If a visit of the same client-payer-skill/sub-skill combination breaks any part of the rule, the visit will be given a status of out-of-compliance (displayed as black) due to Dr Orders. If Out-of-compliant visits are verified and closed, they are still paid and billed.

For more on compliance checking, see the section on compliance checking in this manual.

HCFA 485 Locator Mapping

	HCFA 485 Locator	Field or Edit Plan of Care/Verbal Order screen Button
1	Patient's HI Claim No.	Clients, Payers, Insured's ID
2	Start of Care Date	Payer Start of Care
3	Certification Period	Cert Begin and Cert End
4	Medical Record No.	Client #
5	Provider No.	Payers, Provider ID
6	Patient's Name and Address	Clients, Client Name, Address
7	Provider's Name and Address	Define Offices, Office Name, Address
8	Date of Birth	Clients, Birth Date
9	Sex	Clients, Sex
10	Medications	Medications button
11	Principal Diagnosis	Diagnoses button
12	Surgical Procedure	Surg Procs button
13	Other Pertinent Diagnoses	Diagnoses button
14	DME and Supplies	Supplies button
15	Safety Measures	Safety/Etc. button
16	Nutritional Requirements	Safety/Etc. button
17	Allergies	Safety/Etc. button
18	Functional Limitations	Safety/Etc. button
18	Activities Permitted	Safety/Etc. button
19	Mental Status	Safety/Etc. button
20	Prognosis	Safety/Etc. button
21	Orders and Discipline and Treatments	Orders button
22	Goals, Rehab Potential, Discharge Plan	Goals button
23	Nurse's Signature and Date of Verbal S	Verbal Start of Care
24	Physician's Name and Address	Prime Physician and Physicians Database

OASIS Assessment Management


SAM provides the ability to maintain OASIS Assessments for patients. Using SAM you are able to input, modify, delete or export the OASIS Assessment. Export of an OASIS Assessment will create a text file that you may then send to your state's OASIS website.


Entering a New OASIS Assessment

An OASIS Assessment may only be entered for patients that have been admitted into the agency. Refer to section **Admitting a Patient into the Agency** in this manual.

- To access the **OASIS Assessment** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like to enter a new OASIS Assessment for.
- Confirm that the patient has been admitted into the agency by noting that the **Agency Start of Care** field and the **Agency Admit Date** field contain values in the Clinical Information section of the screen. (Refer to section **Admitting a Patient into the Agency** in this manual.)
- Click on the **Define OASIS Assessment** button.
- The **Edit OASIS** screen will be displayed with the **Patient Name** field filled in with the name of the patient selected.

Once the **Edit OASIS** screen is displayed, make sure the correct **Patient Name** is displayed on the screen.

- Click the **New**  button to create a new OASIS Assessment.
- Answer “Yes” or “No” to the prompt “Associate Assessment with a Plan of Care?” Associating an OASIS Assessment to a Plan of Care will copy any information available from the Plan of Care to the new OASIS Assessment. For Medicare PPS billing it is important to associate the OASIS Assessment with the correct Plan of Care. If you answer “Yes” to this question, a screen listing the existing Plans of Care will be displayed. Select the Plan of Care that you want to associate the OASIS Assessment with.




- Enter the **Assessment** type for the OASIS Assessment.
- The status field will default to “In Use” for a new OASIS Assessment.
- Depending on the Assessment type selected, the system will default the “Reason (M0100)” to the first acceptable reason for the assessment type.
- Enter the information all of the fields that you have the information for.
- Click the **Save**  button to save the initial OASIS Assessment screen. Warning messages will be displayed if any required information has not been entered.

After you have saved the initial OASIS Assessment screen, the buttons along the top of the screen to allow access to input more assessment information become available. (Note: it will depend on the Assessment “Reason M0100” selected as to whether or not each button is made available.)

The **Agency Info** button will display a screen that shows your agency information. This information may be entered using the Offices feature. It is important that this information be entered for each office before any OASIS Assessments are exported.

In addition, the **Assign POC** button will become available. If for any reason you need to reassign an OASIS Assessment to a different Plan of Care, click this button. A screen listing the existing Plans of Care will be displayed. Select the Plan of Care that you want to associate the OASIS Assessment with.

You may now continue to enter the information for the remainder of the OASIS Assessment. If you place your cursor to “hover” over each of the button, a yellow tool tip will show you the M0xxx numbers that may be defined by pressing each button.

- Click the button for the information that you wish to enter.
- Click the **New**  button to create new assessment information.
- Enter the assessment information. You may notice that some fields are not available for input. The disabling/enabling of fields is based on your answers to other fields. This is defined by the OASIS Specification provided by Medicare.
- The screen may include multiple tabs (multiple screens.) To access another tab, click on the title of the tab.
- Once all of the assessment information has been entered, press the **Save**  button to save the information. If the screen is comprised of multiple tab (multiple screens), click on the title of the first tab to access the **Save** button. Warning messages will be displayed if any required information has not been entered.
- Press the **Exit**  button to return to the initial OASIS Assessment screen.
- After you have entered ALL of the information for the OASIS Assessment, change the status on the assessment to “Completed” by selecting “Completed” from the Status drop down. Warning messages will be displayed if any required information has not been entered.

At any time you may click the **Summary** button to see display warning messages or errors if any required information has not been entered.

If the Plan of Care associated with the OASIS Assessment is for a Medicare payer, the **Summary** button will also give you PPS billing information. You will either see a display warning messages for why PPS information cannot be displayed, or PPS billing information will be displayed that will include:

- PPS Payment for the Episode
- HHRG Code
- HIPPS Code
- Version
- Key
- Wage Index
- Case Mix Weight

HIPPS Code Note - On a Medicare OASIS, when you press the Summary button, the pertinent information will be displayed from the Grouper.DLL (from HCFA.) Included in this information is the HIPPS code. If this code's last value is a value other than “1”, there is an error in the OASIS. When you press the OK button on the screen that displays the HIPPS code, another screen will be displayed titled “HIPPS Check Error.” This screen will document what M00 fields that are in error and should be corrected.

Some of the warning messages for why PPS information cannot be displayed includes:

- M0100 must be equal 1-Medicare (traditional fee-for-service)
- M0825 must be equal to Yes or No

- The effective date for the assessment must be equal to or later than 9/1/2000 to be considered a version 1.10 OASIS.

After you have changed the status for the assessment to completed and there are no longer any errors being reported, change the status to “Locked” by selecting “Locked” from the Status drop down. Warning messages will be displayed if any required information has not been entered.


The Lock Date will default to the current date. Assessments that have a status of “Locked” are ready for export.

Modifying a OASIS Assessment

You may need to make modification to an existing OASIS Assessment due to a rejection, etc.

- To access the **OASIS Assessment** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like modify an OASIS Assessment for.
- Confirm that the patient has been admitted into the agency by noting that the **Agency Start of Care** field and the **Agency Admit Date** field contain values in the Clinical Information section of the screen. (Refer to section **Admitting a Patient into the Agency** in this manual.)
- Click on the **Define OASIS Assessment** button.
- The **Edit OASIS** screen will be displayed with the **Patient Name** field filled in with the name of the patient selected.

Once the **Edit OASIS** screen is displayed, make sure the correct **Patient Name** is displayed on the screen.

- Press the **Find**  button to locate the OASIS Assessment you want to Modify. A screen will be displayed that lists the OASIS Assessments for the patient. Highlight the assessment you want to modify and either double click or click on the **Select** button.

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OASIS Assessment List

Patient : Rosario Zawalski Client # : 000018-01




Order List By : ☒ Assessment Reason ☐ Date Completed ☐ Doc #

Assessment Reason	Effective	Completed	Locked	Exported	S Doc #
4 - Recertification (follow-up) assessment	04/21/99	04/21/99	06/14/02	L	00000056
4 - Recertification (follow-up) assessment	08/18/99	08/18/99	08/20/99	09/05/00	E 00000123
4 - Recertification (follow-up) assessment	10/21/99	10/21/99	10/22/99	09/05/00	E 00000237
4 - Recertification (follow-up) assessment	12/21/99	12/21/99	12/23/99	09/05/00	E 00000336
4 - Recertification (follow-up) assessment	02/21/00	02/21/00	02/25/00	09/05/00	E 00000440
4 - Recertification (follow-up) assessment	04/21/00	04/21/00	04/26/00	09/05/00	E 00000530
4 - Recertification (follow-up) assessment	06/21/00	06/21/00	06/23/00	09/05/00	E 00000602
4 - Recertification (follow-up) assessment	08/21/00	08/21/00	08/25/00	09/05/00	E 00000712
4 - Recertification (follow-up) assessment	10/20/00	10/20/00	10/20/00	10/27/00	E 00000803
4 - Recertification (follow-up) assessment	12/19/00	12/19/00	12/21/00	01/09/01	E 00000905
4 - Recertification (follow-up) assessment	02/15/01	02/15/01	02/21/01	03/07/01	E 00000984
4 - Recertification (follow-up) assessment	04/19/01	04/19/01	04/24/01	05/04/01	E 00001096
4 - Recertification (follow-up) assessment	06/18/01	06/18/01	06/18/01	07/16/01	E 00001184
4 - Recertification (follow-up) assessment	08/16/01	08/16/01	08/17/01	08/17/01	E 00001289
4 - Recertification (follow-up) assessment	10/15/01	10/15/01	10/18/01	10/23/01	E 00001374

Select Cancel

Select the desired OASIS Assessment 1:44 PM

The **Edit OASIS** screen is then displayed with the OASIS Assessment that you selected.

- You may modify any of the assessment fields displayed on the screen.
- Make sure all the information on the screen is correct.
- Click the **Save**  button on the toolbar to save the changes made to the OASIS Assessment
- Click on any of the available buttons at the top of the screen to modify the remaining OASIS assessment information.
- Modify the assessment information as necessary. You may notice that some fields are not available for input. The disabling/enabling of fields is based on your answers to other fields. This is defined by the OASIS Specification provided by Medicare.
- The screen may include multiple tabs (multiple screens.) To access another tab, click on the title of the tab.
- Once all of the assessment information has been entered, press the **Save**  button to save the information. If the screen is comprised of multiple tab (multiple screens), click on the title of the first tab to access the **Save** button. Warning messages will be displayed if any required information has not been entered.
- Press the **Exit**  button to return to the initial OASIS Assessment screen.
- If you have already exported the OASIS Assessment (the status is equal “Exported”), be sure to input a new correction number on the initial OASIS Assessment screen.


The **Edit OASIS** screen will be redisplayed.

Deleting a OASIS Assessment



You may need to make modification to an existing OASIS Assessment due to a rejection, etc.

- To access the **OASIS Assessment** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like delete an OASIS Assessment for.
- Confirm that the patient has been admitted into the agency by noting that the **Agency Start of Care** field and the **Agency Admit Date** field contain values in the Clinical Information section of the screen. (Refer to section **Admitting a Patient into the Agency** in this manual.)
- Click on the **Define OASIS Assessment** button.
- The **Edit OASIS** screen will be displayed with the **Patient Name** field filled in with the name of the patient selected.

Once the **Edit OASIS** screen is displayed, make sure the correct **Patient Name** is displayed on the screen.

- Press the **Find**  button to locate the OASIS Assessment you want to Delete. A screen will be displayed that lists the OASIS Assessments for the patient. Highlight the assessment you want to delete and either double click or click on the **Select** button.

The **Edit OASIS** screen is then displayed with the OASIS Assessment that you selected.

- Make sure that the OASIS Assessment displayed is the one you want to delete.
- Click the **Delete**  button on the toolbar to delete the OASIS Assessment.
- Click on the **Yes** button in the popup screen that asks, "Delete displayed OASIS Assessment?"
- The detailed information about the deleted OASIS Assessment will be removed from the **Edit OASIS Assessment** screen and from the **OASIS Assessment List** screen.
- At this point, you may delete other OASIS Assessments by repeating the steps above.
- Click the **Exit**  button on the toolbar to exit the **Edit OASIS Assessment** screen.

Printing a OASIS Assessment


You may print OASIS Assessments to a printer or to a .pdf formatted files to be stored electronically.

- To access the **OASIS Assessment** screen, select menu option Administration | Clinical Information.
- The **Edit Patient** screen will be displayed.
- Select the correct patient that you would like print an OASIS Assessment for.
- Confirm that the patient has been admitted into the agency by noting that the **Agency Start of Care** field and the **Agency Admit Date** field contain values in the Clinical




Information section of the screen. (Refer to section **Admitting a Patient into the Agency** in this manual.)

- Click on the **Define OASIS Assessment** button.
- The **Edit OASIS** screen will be displayed with the **Patient Name** field filled in with the name of the patient selected.

Once the **Edit OASIS** screen is displayed, make sure the correct **Patient Name** is displayed on the screen.

- Press the **Find**  button to locate the OASIS Assessment you want to Modify. A screen will be displayed that lists the OASIS Assessments for the patient. Highlight the assessment you want to modify and either double click or click on the **Select** button.

The **Edit OASIS** screen is then displayed with the OASIS Assessment that you selected.

- Make sure that the OASIS Assessment displayed is the one you want to print.
- Click the **Print**  button on the screen to print the OASIS Assessment.
- You will be prompted with the same message as if you had clicked the **Summary** button. After answering the prompts, your assessment will be displayed in a “Report View Windows.”
- From this Report View Window you may view, print or save the .pdf file.
- Click the  button to exit the Report View Window.
- At this point, you may print other OASIS Assessments by repeating the steps above.
- Click the **Exit**  button on the toolbar to exit the **Edit OASIS Assessment** screen.

Exporting OASIS Assessments

You may export your OASIS Assessments to a file. SAM does not submit the file to your state's OASIS website, this will need to be done after exporting the file.

Note that OASIS Assessments will not be listed on the OASIS Export screen if the patient was less than 18 years of age at the time that the assessment was completed per HCFA Version 1.40 OASIS specifications.

- To access the **Export OASIS Assessments** screen, select menu option File | Export | **OASIS Assessments**.
- The **Export OASIS Assessments** screen will be displayed.

To see a list of OASIS Assessments to be exported, click the **Generate** button. OASIS Assessments with a status of “Locked” will be displayed.

To reduce or sort this list to specific Assessments you may use any of the following options:

- Enter the beginning letter(s) of the name for the patient(s) in the **Name Beginning With** field.
- Enter dates in the **Lock Date Range** fields.
- Select the type of **Assessment**.
- Select whether or not to include **Only Medicare/Medicaid Assessments**.
- Select whether or not to include **Assessments Previously Exported**.

- To sort the list, click on the field that you would like to sort from in the Sort Order section.
- Click the **Generate** button.

To select assessments to be exported:

- Click the **Select All** button to select all assessments displayed in the list.
- Click the **Select None** button to un-select all assessments displayed in the list.
- Click the single assessment to be exported.
- To select multiple invoices, control-click on each invoice or shift-click on the first and last invoice.

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Export OASIS Assessments

ASSESSMENT LIST ATTRIBUTES

Name Beginning With :

Lock Date Range : -

Assessment :

☒ Only Medicare/Medicaid Assessments

☐ Include Assessments Previously Exported

Sort Order

☒ Patient

☐ Assessment Reason

☐ Effective Date

☐ Locked Date

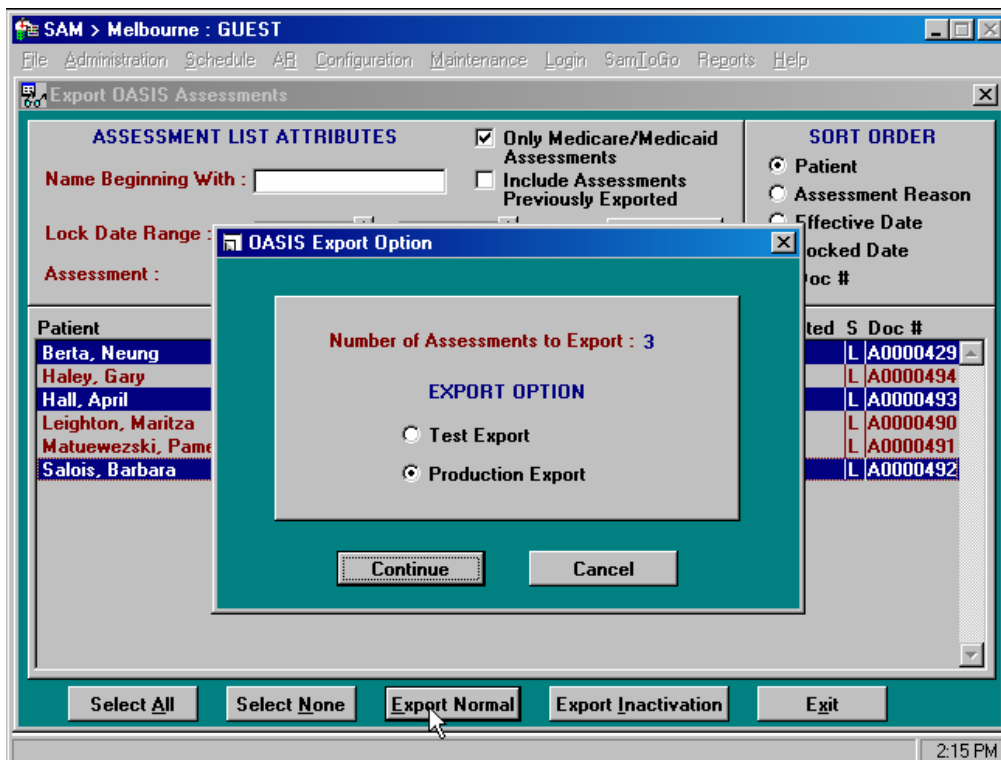
☐ Doc #

Patient	Admit	Assessment Reason	Effective	Locked	Exported	S Doc #
Berta, Neung	01	4 - Recertification (follow-up) as	08/21/2002	10/01/02		L A0000429
Haley, Gary	A2	1 - Start of Care - further visits	10/01/2002	10/03/02		L A0000494
Hall, April	01	1 - Start of Care - further visits	09/28/2002	10/03/02		L A0000493
Leighton, Maritza	01	1 - Start of Care - further visits	09/24/2002	10/01/02		L A0000490
Matuwezski, Pamela	A2	1 - Start of Care - further visits	09/26/2002	10/02/02		L A0000491
Salois, Barbara	01	4 - Recertification (follow-up) as	09/28/2002	10/02/02		L A0000492

Select All **Select None** **Export Normal** **Export Inactivation** **Exit**

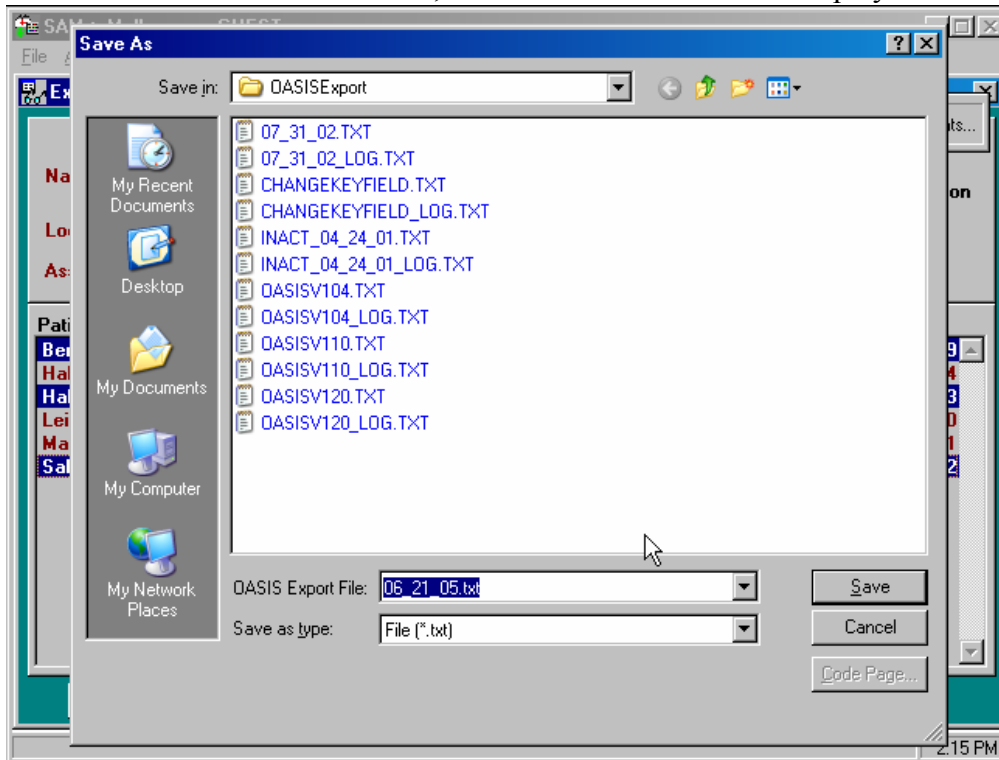
Select the desired item 2:14 PM

To export the selected OASIS Assessments, click the **Export Normal** button. The **OASIS Submission Option** screen will be displayed:

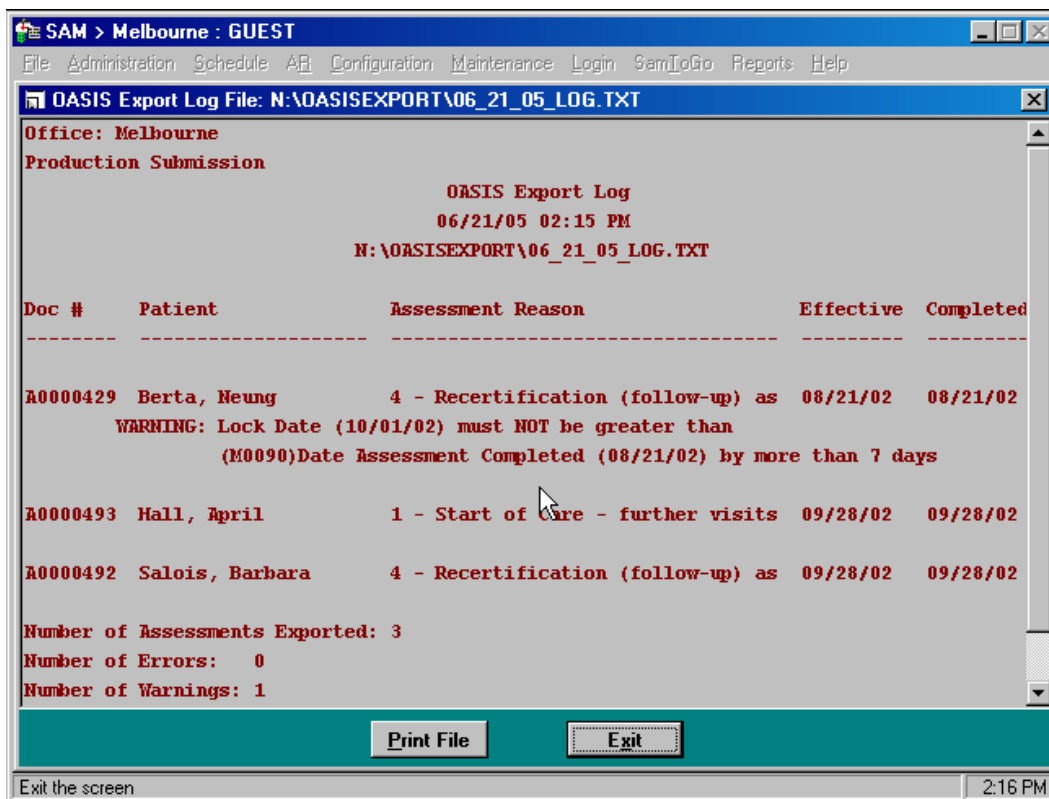


- Click on the **Production Submission** button (the Test Submission button will export, but not change the status to “exported”) to export the OASIS Assessments selected and change their status to “exported.”

- Click on the **Continue** button, the **Save As** screen will be displayed.



The system will default to saving your OASIS export file to the N:\OASISExport directory. The filename will default to the current date with a .txt file extension. You may overwrite this filename. Click the **Save** button to save the OASIS export. The OASIS export log file will be displayed.



The log file will report each OASIS assessment you have selected to export and any Errors or Warnings in each of the assessments. If an error is reported, you should edit the OASIS assessment to correct the errors and then export the assessments again. This log file is also created on the N:\OASISExport directory.



Once you have created your XX_XX_XX.txt OASIS export file, this file may be submitted to your state's OASIS website.

Remember, the LOG file is name xx_xx_xx_log.txt, do not submit this file; submit the xx_xx_xx.txt file.

How to Submit an Inactivation Record

Once it has been determined that an inactivation record must be submitted for an assessment (a key field such as the Social Security Number needs to be changed) you may create an inactivation export. While on the Export OASIS Assessments Screen:

1. **Generate** a list of assessments (narrow the search by utilizing the Attribute fields).
2. Select those assessments that require an inactivation record.
3. Press the **Export Inactivation Button** to create an inactivation file. The inactivation file is found in the N:\OASISExport directory just like the normal OASIS export files. The inactivation file is prefixed with "INACT_" (to distinguish it from the normal export files) followed by the date that the file is created.

4. The system will change the status on the OASIS Assessment(s) to “Inactivated.” You can use the OASIS Tracking Report to generate a list of any OASIS Assessments with a status of “Inactivated.”
5. Submit the inactivation file to the state system in the same manner as you would the OASIS export file.
6. Once the inactivation record has been accepted by the state (use your OASIS Final Validation Report), you may make changes to the assessments that require key field changes. Do this by changing the status on the OASIS Assessment to “In Use” and click the **Save**  button. Then make the changes necessary to the key fields, make sure that the Correction # field is “0”, change the status to “Locked” and click the **Save**  button.
7. Then, using the Export OASIS Assessments option, select the assessment that is to be resubmitted and create a normal export file.
8. Submit the normal export file to the state system in the usual way.

Note: The Correction # Field should be set to “0” for a newly submitted OASIS (this includes an OASIS that has been “Inactivated” due to changes in key fields.) If an assessment has been submitted and accepted by the state, and the home health agency staff determines that corrections must be made to non-key fields only, you should do the following:

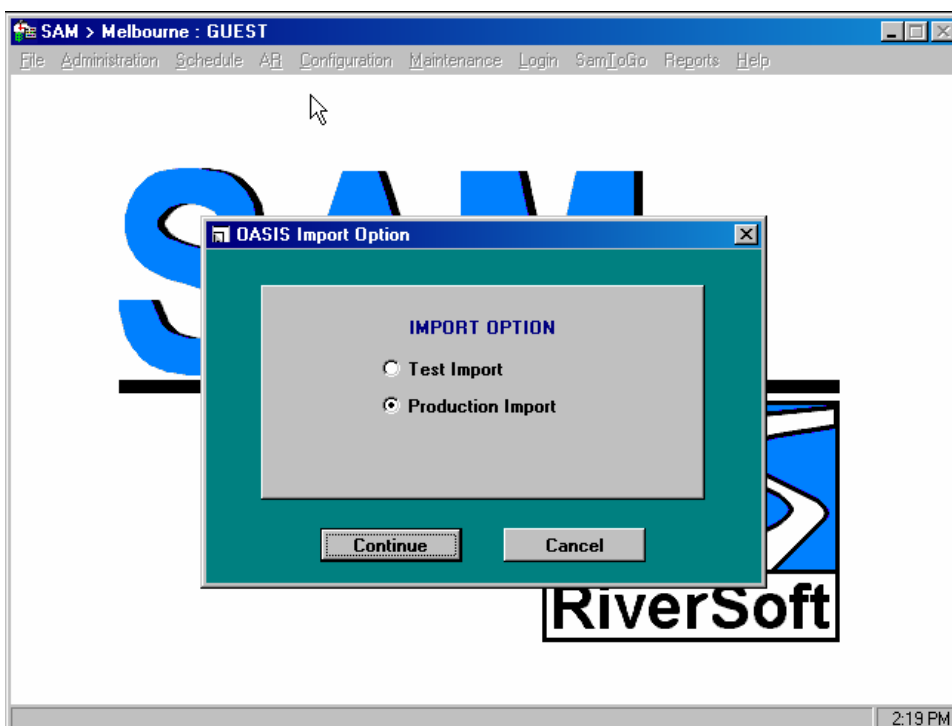
1. Revise any non-key fields necessary in the new assessment record.
2. Increment the Correction # Field by one digit in the new assessment record”, change the status to “Locked” and click the SAVE button.
3. Submit the corrected assessment to the state system in the usual way.

Importing OASIS Assessments

You may import OASIS Assessments into SAM. The import file must be in the standard format that is submitted to the state for OASIS.

Note that it is important that the header information in the import file match the “OASIS Agency Info” in this system. You can locate this information on the Edit OASIS screen, by pressing the “Agency Info” button. The information can be entered using the Offices feature.

- To access the **OASIS Import Options** screen, select menu option File | Import | OASIS Assessment.
- The **Import OASIS Assessments** screen will be displayed.



- Select **Test Import** if you would like to process the file first to see any errors that may occur (no assessments are actually imported.) We recommend that you run this option first and correct any errors before importing with the **Production Import** option.
- It is important to note, that all records will be processed in the file, even if you have imported the file previously. However, SAM will not import duplicate assessments. It is recommended that you only import an OASIS file only one time with the **Production Import** option. This option will process the file, report any error assessments (not importing any assessments in error, assessments with warnings reported will be imported) and import all valid assessments.
- All assessments will be imported with a status of “Locked.”

- A processing log report of the import is created in your n:\oasisimport folder.
- The office to import the assessment into is located based on the client name and a few other demographic fields. If you have the same client in multiple offices (with duplicate demographic information), then the import will not be able to determine which office to import the assessment into and will report an error for that assessment. If you have the same client in the same office (with duplicate demographic information), then the assessment will be imported for the last occurrence of the client that it finds.
- You may not import OASIS assessments for “Client” or “Facility” type clients.
- Duplicate assessments will be determined based on M0090_INFO_COMPLETED_DT, M0100_ASSMT_REASON, CORRECTION_NUM and the appropriate dates associated with the assessment reason – M0030_SOC_DT, M0032_ROC_DT, M0906_DC_TRAIN_DTH_DT and M0903_LAST_HOME_VISIT.
- You may currently only import OASIS version 1.40 data.

Calculating Overtime at the Back Office

In order to assure that critical processes are working with static data, the system will not allow this process if anyone is doing any of the following in the database: Close Week, Calculate Overtime, Create Invoices, Create Automatic Contractuals, Transmit Claims, Make Adjustments (Items, Invoices, Rebills, Reviewing and accepting, etc.), Payroll Export and Updating Visit Rates.

You may choose to calculate overtime at anytime. An overtime screen will pop up and display the overtime cases. Overtime is calculated across all offices for ALL verified visits up to and including the last day of the previous week.

Only one person may close any office at any one time.

SAM now offers 2 ways to calculate overtime pay for your employees:

Algorithm A: Overall Average Rate

Algorithm A is the default overtime calculation. This algorithm calculates an overtime rate based on the overall average pay rate of an employee per week. The average rate is computed by dividing the total pay for the week by the total hours for the week (of visits and/or pay items that count towards overtime). One-half the average pay rate is then ADDED to each overtime hour.

Algorithm B: Item Average Rate

Algorithm B calculates an individual overtime rate per visit and/or pay item. The overtime rate is computed by determining the average rate of the individual visit/pay item (considering regular pay, holiday pay, etc.), then REPLACING the pay rate of the visit/pay item with 1.5 times the average. This algorithm is consistent with existing overtime laws. Note: All employees must agree to the use of this algorithm before its use.

To activate this overtime option, add the following line to your n:\sam.ini file:

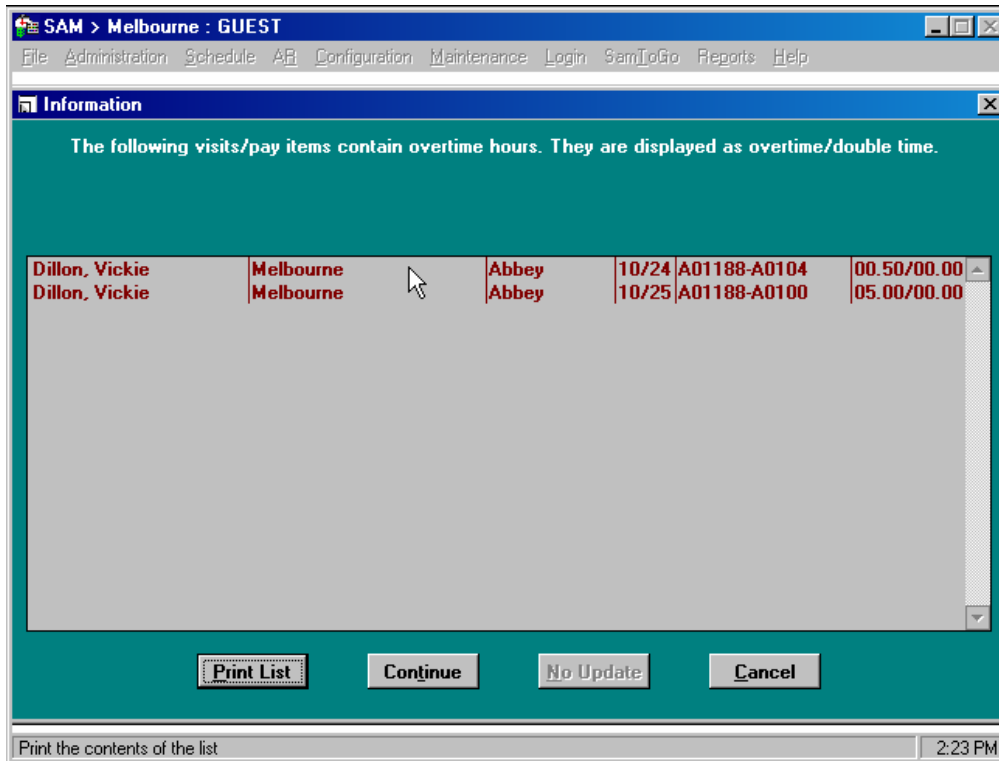
Ini_ot_algorithm,B

If you choose to use overtime option B, it will be important to update the n:\sam.ini file for your back office and all of your front offices, so that all of your offices are calculating overtime using the same option.

By default, 40 hours of work by an employee in one week is what will trigger any additional hours in the week to go into overtime. You can control the number of hours that will trigger overtime for an employee. If you do not have this variable set, SAM will use the default of 40 hours. To use this feature, enter the following line in your n:\sam.ini file where ## is the number of hours that should trigger overtime (example: 48):

Ini_weekly_ot, 48

- To **Calculate Overtime**, select menu option AR | Calc Overtime.
 - If any overtime is found, Click on the **Print** button to print an overtime report.



- Click on the **Cancel** button to exit from this screen.

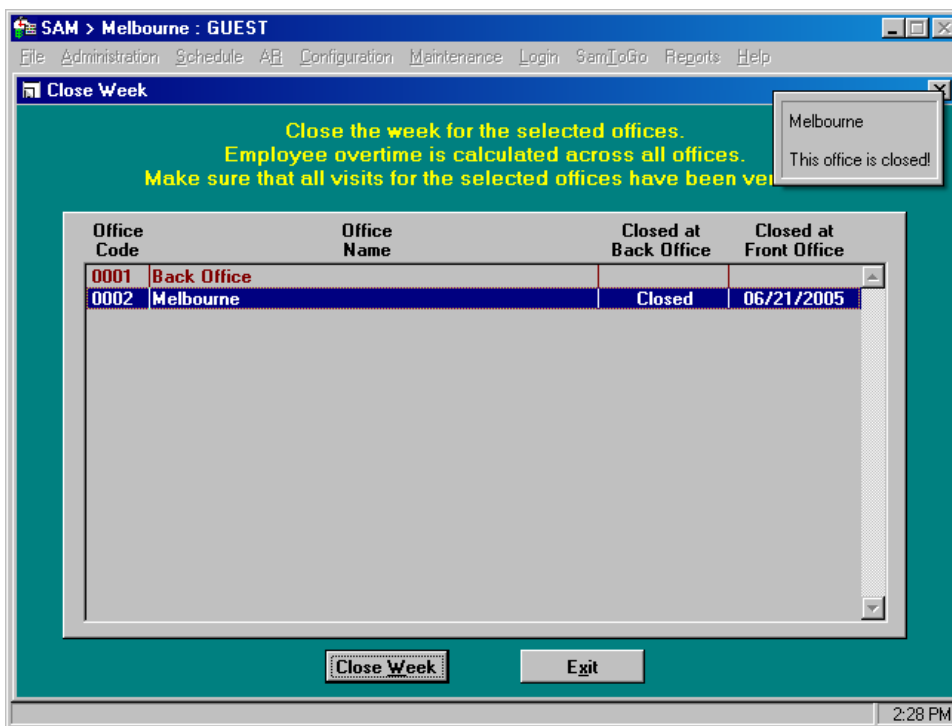
Processing Weekly Payroll

If an office has both a front and back office component, the front office verification and close process must be performed. Refer to section **The Verification Process – Weekly Payroll**. If there is no front office or the front office close has been performed, the back office may be closed.

Closing the Week at Back Office

In order to assure that critical processes are working with static data, the system will not allow this process if anyone is doing any of the following in the database: Close Week, Calculate Overtime, Create Invoices, Create Automatic Contractuals, Transmit Claims, Make Adjustments (Items, Invoices, Rebills, Reviewing and accepting, etc.), Payroll Export and Updating Visit Rates.

Early each week, after each front office has verified their previous week's schedule, the office's information is transmitted to the back *office via Data Exchange. Normally, each front office is expected to "close" the previous week's information on a certain day and the payroll for that office is processed at the back office the next day. If the front office is late in "closing the week", the front office calls the back office when they have "closed" and the back office performs an immediate Data Exchange, overriding the normal Data Exchange schedule. Once the data is received at the back office (this takes only a few minutes), the back office can perform a re-verification or can simply close the week. After reviewing the visits, the back office closes the week to lock the data permanently. Also, when the back office performs a close week, overtime is recalculated across all offices (including shared employees across offices.)



The **Close Week** screen displays all the offices in the database and whether they have been closed in the front and/or back office for the current week. If an office has been closed at the back office, it will show “Closed” in the back office column. If an office has been closed at the front office, it will show the date that it was closed in the front office column. If no date appears in the front office column for an office, that office cannot be closed at the back office.

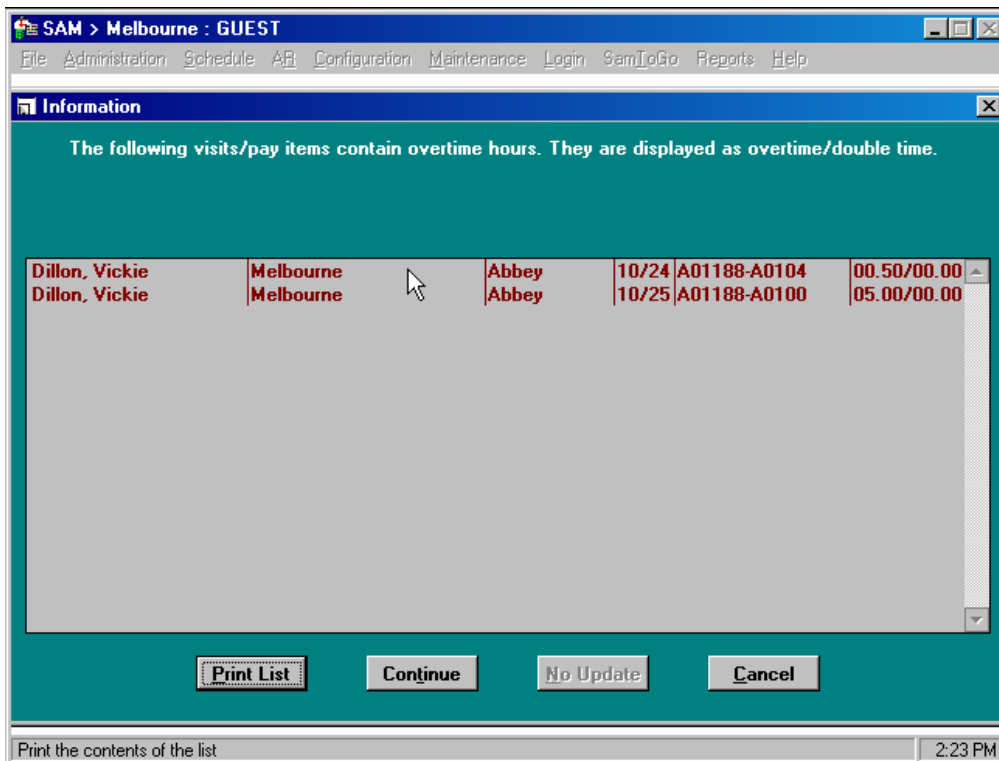
The only way to change a visit after it is closed is through an adjustment. Visits must be closed to appear on the sales report, to be invoiced, to be interfaced to payroll, or to be interfaced to the general ledger.

Perform the following steps to close the week:

- To access the **Close Week** screen, select menu option AR | Close Week.
- The **Close Week** screen will be displayed.
- Select the office(s) to close from the list and click the **Close Week** button.

Overtime Report

If the close week function detects that some employee have overtime, an overtime screen will pop up and display the overtime cases. It is a good practice to print this overtime list every time it is displayed; then cancel the close week process to correct any overtime problems, and/or print a new verified visit report that shows the overtime information.

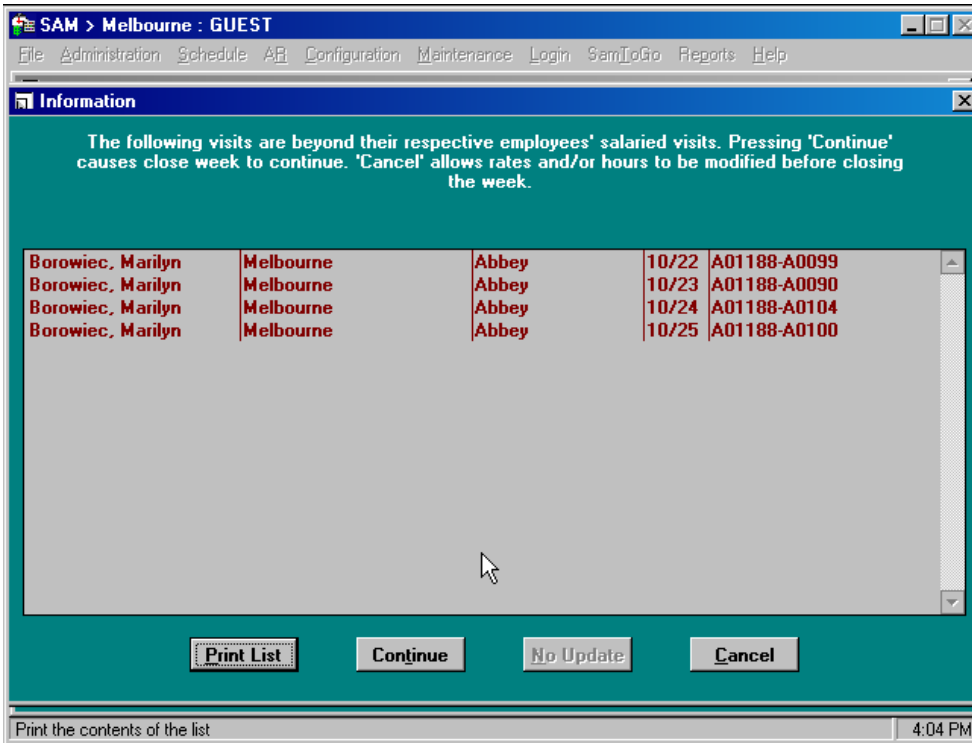


- Click on the **Print** button to print an overtime report.
- Click on the **Cancel** button to cancel the close week function.

We cancel the close week function when we encounter overtime so that we can print a new **Verified Visit Report** that includes the overtime calculations.

Or you could **Calc OT**, then print the **Verified Visits Report** and then **Close** the week.

Salaried Visits Information



If verified visits exist for salaried employee and these visits cause the employees to surpass the number of hours they are normally expected to work as a part of their salary, the following screen is displayed. Visits within the limit are not exported to payroll. Visits beyond the limit are exported to payroll with the pay rate associated with the visits.

Pressing the **Continue** button on this screen will cause the close week processing to complete. The week will be marked as closed and the status of all verified visits (with a care date on or before last Friday) will be changed to at status of closed. Closed visits cannot be edited. They can only be adjusted.

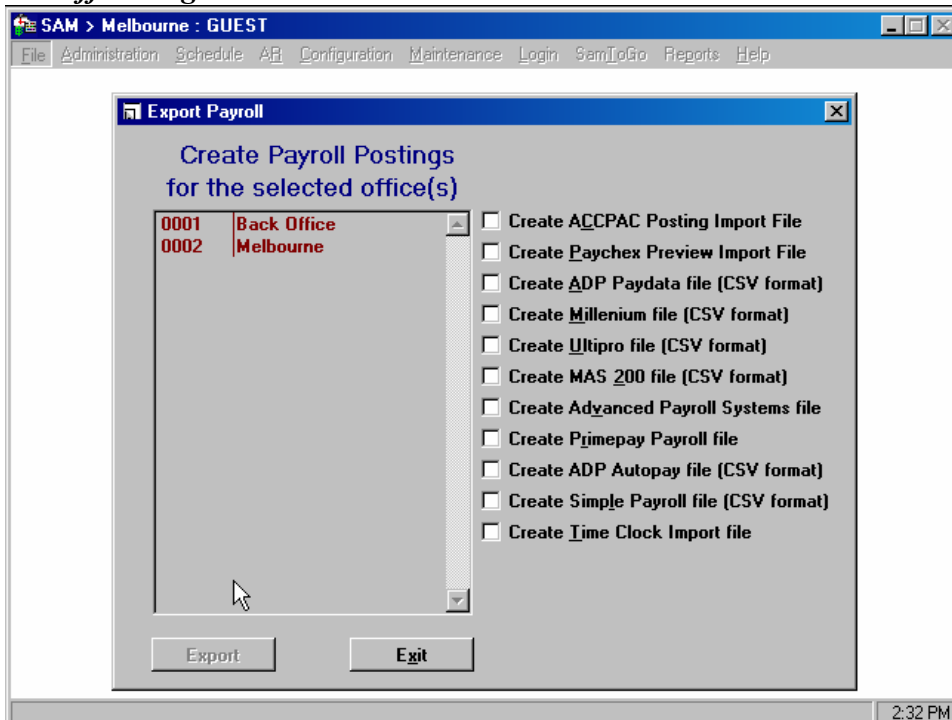
Exporting Payroll (Interface)

In order to assure that critical processes are working with static data, the system will not allow this process if anyone is doing any of the following in the database: Close Week, Calculate Overtime, Create Invoices, Create Automatic Contractuals, Transmit Claims, Make Adjustments (Items, Invoices, Rebills, Reviewing and accepting, etc.), Payroll Export and Updating Visit Rates.

There is a payroll interface to the following payroll systems:

ACCPAC (SBT)
 Paychex
 Automatic Data Processing (ADP)
 Millennium
 Ultipro
 MAS 200
 Advanced Payroll Systems
 PrimePay
 Simple Payroll
 Time Clock

After closing the week at the back office, employee payroll information should be exported to the payroll system so that payroll checks can be printed. Payroll information can be exported by office or by all offices at once. ***If an employee is shared among two or more offices and you would like the employee to receive one paycheck, you must process the checks for all the employee's offices together.***



Perform the following steps to export payroll:

- To access the **Export Payroll** screen, select menu option File | Export | Payroll.
- The **Export Payroll** screen will be displayed.
- Select the office(s) to export from the list.
- Choose when interface option you wish and click the **Export** button.
- If you are exporting to ACCPAC SBT, all employee profile and tax information will be exported to SBT.
- For all payroll-posting file options; all visits, pay items and adjustments will be exported.
- Any payroll information for Employee's with a type of "Contractor" will not be exported. All Contractor payroll information will, however, be "marked as payrolled" so that if at any time they are change to a "Staff" or "Field" employee, their old payroll information will not be exported.
- Employee(s) receiving adjustments for additional pay will receive additional pay. Employee(s) receiving adjustments causing a deduction in pay will have deductions taken from their normal pay. If deductions are to be taken and there is not enough pay in the current week, all postings for the employee will be held until the next payroll that has sufficient pay to cover the deductions.
- A visit or pay item adjustment may be performed that will cause one of two situations:
 1. An employee's payroll amount for a specific pay type (like regular or overtime) for the week is negative; or ...
 2. An employee's payroll amount for the week is negative.

In the first case, the adjusted dollars will be subtracted from other postings in the employee's payroll for the week. The largest postings are subtracted from first so that the fewest number of postings will be affected. The export will show a screen report of the original postings and the adjusted postings during the payroll export.

In the second case, a screen report will show all of the employee's postings for the week. None of the postings will be exported.

In both cases, the payroll report can be used to show an employee's current and historic payroll, and the payroll interface report can be used to show what has been exported.

This is an example of a reimbursement pay item being adjusted from \$30.75 to \$10. Because it is the only payroll for the employee for the week, the employee will not be paid this week (they owe \$20.75). As soon as they accumulate another \$20.75 in payroll, the employee's payroll can be exported.

Posting groups that would cause a negative paycheck:\sam\held.txt

Posting groups that would total to a negative paycheck. This is caused by payroll adjustments during weeks where the affected employee does not have enough payroll to cover a negative adjustment. SAM will NOT export the postings during this export. An attempt to export these postings will be made with the next payroll export. When the total pay for an employee becomes positive, a check will be generated even if the total units is still less than 0.

Emp No	Name	Paytype	Units	Date	Times	Skill	Total Pay
0002000284	Goolsby, Nicole	REIMB	0.0000	03/29/03	10:00-11:00		-30.7500
0002000284	Goolsby, Nicole	REIMB	0.0000	03/29/03	10:00-11:00		10.0000

Print File Exit

When the employee earns more (in this case \$20.75), during the payroll export, the export adjusts the current postings to recuperate the money owed. The posting before the recuperation and after are shown on the screen, with the option to print. The posting(s) shown after the adjustment is applied is what is exported to the payroll system.

Adjusted Postings:\sam\AdjPost.txt

Posting groups that were adjusted in order to cover a negative adjustment. All postings, including the negative postings, are shown first in their original form. The adjusted postings are then shown after the negative postings have been applied to the positive postings.

Emp No	Name	Paytype	Units	Date	Times	Skill	Total Pay
Postings before adjustment applied...							
0002000284	Goolsby, Nicole	REIMB	0.0000	03/29/03	10:00-11:00		-30.7500
0002000284	Goolsby, Nicole	REGULAR	3.0000	03/29/03	09:00-12:00		33.0000
0002000284	Goolsby, Nicole	REIMB	0.0000	03/29/03	10:00-11:00		10.0000
Postings after adjustment applied...							
0002000284	Goolsby, Nicole	REIMB	0.0000	03/29/03	10:00-11:00		10.0000
0002000284	Goolsby, Nicole	REGULAR	3.0000	03/29/03	09:00-12:00		2.2500

Print File Exit

To get a list of the payroll adjustments done for each office, follow these instructions to print the adjustment report.

- To access the **Adjustment Report** screen, select menu option Reports.
- The **Select Report** screen will be displayed.
- Click the **Billing** application group.
- Click the **Accounts Receivable** option.
- Click the **Adjustment Report** and press the **Proceed** button.
- Enter the start and end dates of the adjustment you want to see. Set the start date far enough back to include any payroll adjustments that were entered prior to last week's payroll.
- Select the completed adjustment status.
- Select Adjustment Type(s) "Visits" and "Pay Items"
- Select the "Payroll Only" option
- Select "Any" Employee or Client/Payer

Note:

1. If you are using the SBT ACCPAC payroll system and are using a version later than 7.1, you should put the following lines in your n:\sam.ini file:
Ini_Payroll_Vendor,ACCPAC:7.1 (to designate you are using the new version)
Ini_Payroll_Vendor,n:\pro50\prdata (to designate where SAM should send export the postings files to)
2. If you are using the SQL version of the SBT ACCPAC payroll system, you should put the following line in your n:\sam.ini file, where "companyname" is the name of the company in SBT.
Ini_ACCPAC_Company,companyname

Reports Available for “Closed” Weeks

Payroll Report

This report shows the detail items paid to an employee. It can even be used to create detailed employee check stubs. This report shows only closed or verified visits and pay items. This report can be used to instruct your payroll vendor how to cut your payroll.

Sales (Item) Report

The sales (item) report has many functions. It can report sales and cost by date, payer, payer class, payer program, skill, bill unit (Medicare like and non-Medicare like visits), location, and referral source. It can be sorted multiple ways and can output its results to an Excel spreadsheet for further manipulation. It can be run by either date of service or the week ending date associated with an item when it was paid/billed.

Combined Sales Report

The combined sales report allows reporting across offices. It is normally run by accounting period or for certain weeks within an accounting period. It can be found with the other general ledger reports by choosing the Sales and Cost Entries option. See General Ledger Reporting.

Balancing the Sales (Item) Report with the Combined Sales Report

The sales (item) report will agree with the combined sales report if the sales (item) report is run in the following manner...

1. Use the same date range as the combined sales
2. Choose the Payroll Dates option
3. Choose the All Transactions option

The all transactions option will cause the sales (item) report to include adjustments made during the date range, even if the adjustment was to visit that is not in the date range. Because the reports assimilate data in very different ways, it is not unusual that the dollar totals on the two reports will be off by a few pennies.

Balancing Sales (Item) Report, Royalty Report, GL Sales Report, Worker's Compensation Report

The Sales (item) report and the GL Sales and Cost Entries Report will agree when they are both run for the same date range within an open period. The Sales (item) report options “All Transactions” and “Payroll Dates” must be selected. The total count, sales, and cost should match the GL Sales Report (the transportation component of sales and cost must be summed on the GL Sales Report).

The Weekly Licensed/Unlicensed Sales report will match the sales of either of the sales (item) reports if the sales (item) reports are run for the specific week date range matching the Weekly Licensed/Unlicensed Sales report and any service items are subtracted from the sales (item) report. However, if the GL Sales and Weekly Licensed/Unlicensed reports are run for the last week in a period, they will not balance by the amount of item adjustments made after the last week ending date and before the end of the period. If the GL Sales report is run for the last week

of the period and the first week of the next period and added together, it will balance with the summed royalty reports run for these two week endings.

The total pay on the Worker's Compensation report will match the total cost on the GL Sales Report if the following things are subtracted from the GL Sales Report "Cost":

1. Contractor Costs
2. Services and Supplies Costs
3. All pay item costs that have 0 hours (reimbursements, bonuses, show-ups, etc.)

Balancing Receivables Against Sales

The total receivables for an office plus the total cash applied for an office should equal the total sales billed. The aging report prints the total receivables for an office. The "Payment Cash Application Report" on the Payment Log report prints total cash applied. Totals sales billed are calculated by running the sales (item) report for the entire year, "billed items only", and subtracting out any invoice adjustment made during the time period.

Royalty Report

We recommend that you use the Weekly Licensed/Unlicensed Sales report. This format will report licensed and unlicensed information by payer class. This information may then be used to report royalty information.

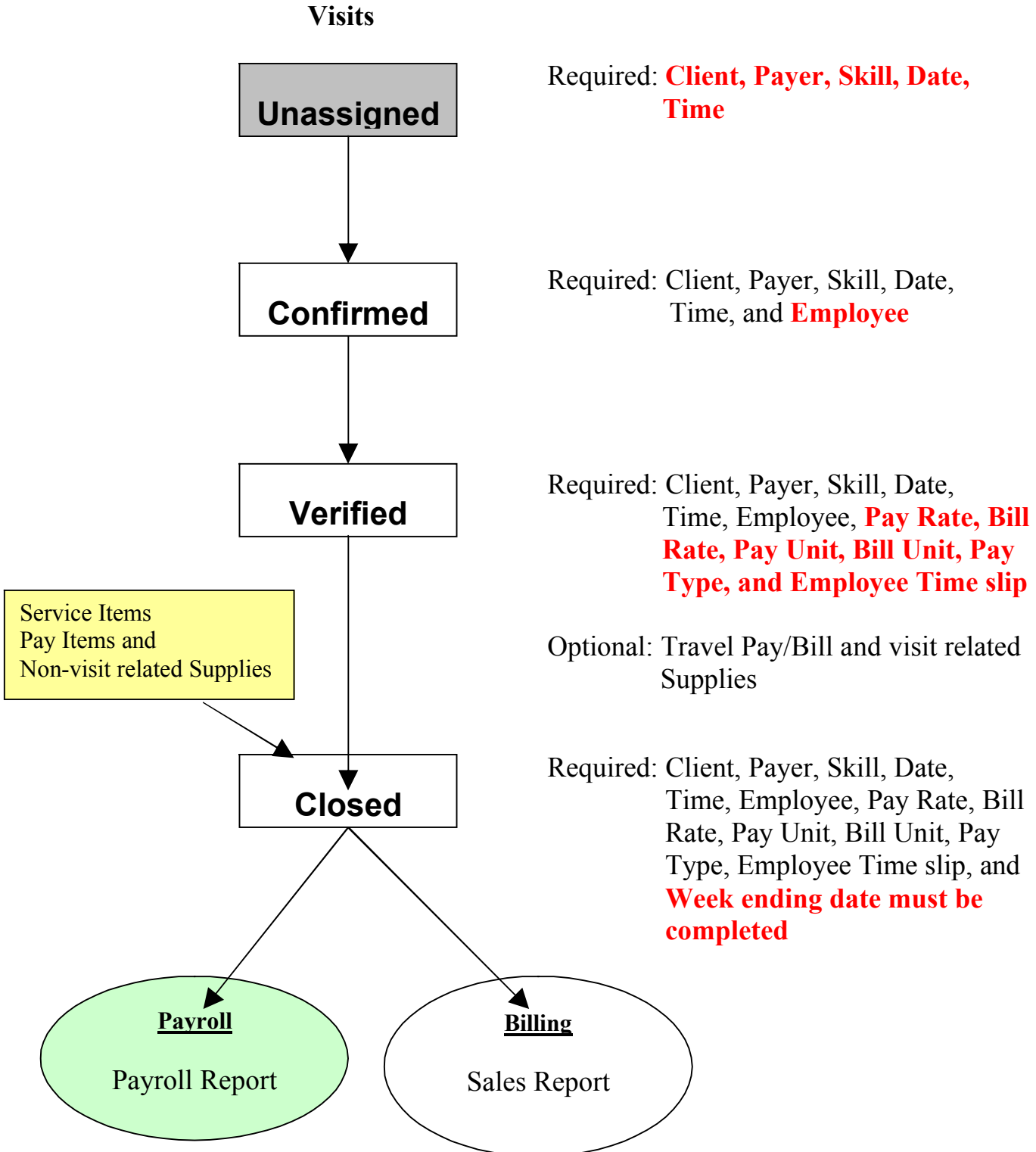
It can be found with the other general ledger reports. See General Ledger Reporting

The body of the report includes visit information for the Medicare Payer Class; this is information only and should not be used for reporting royalties. Medicare PPS RAP and EOE information is included at the bottom of the report and this is the information that should be reported for Medicare.

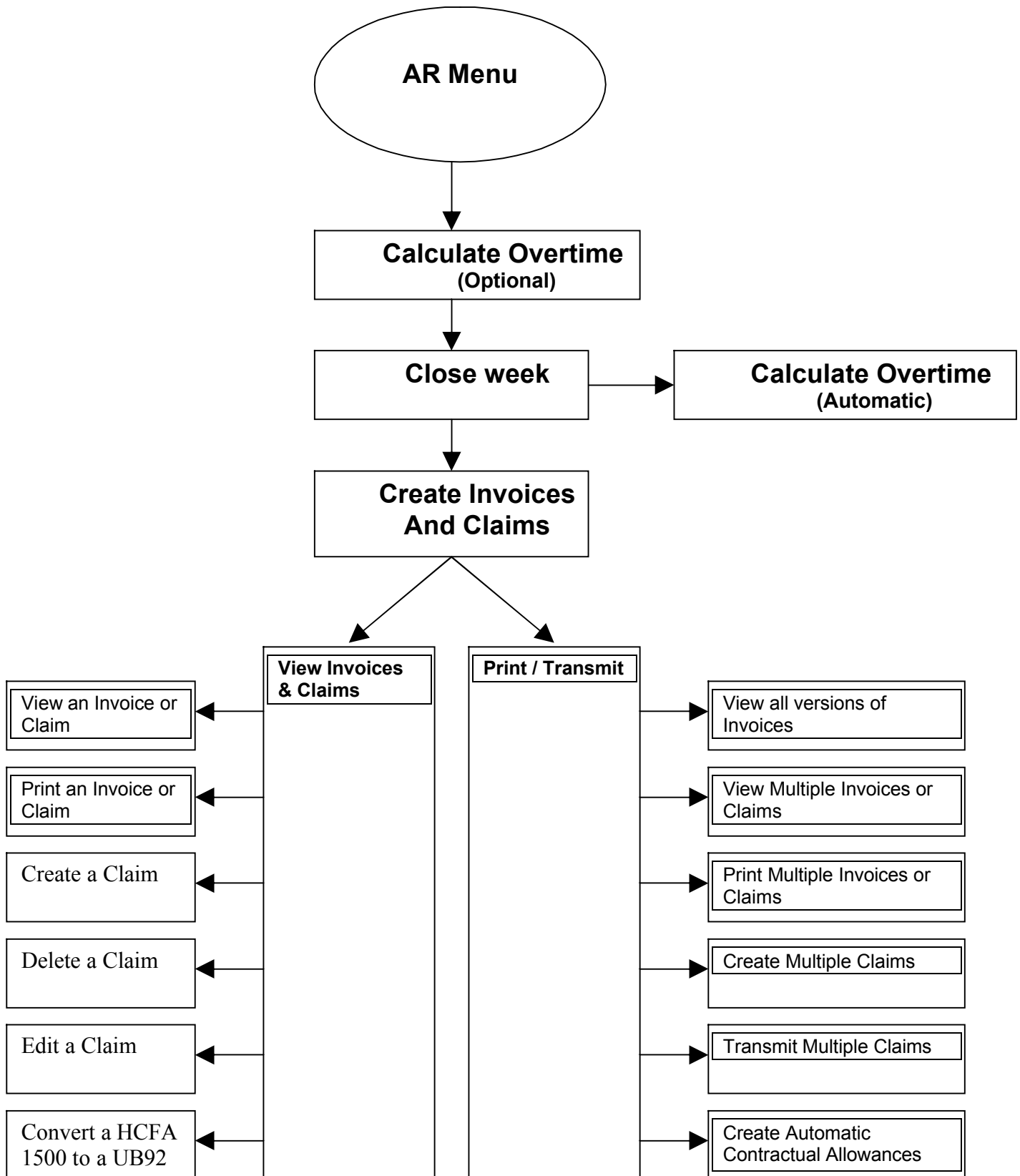
Billing

Billing may be done in parallel with payroll. The only requirement is that the week is closed. The first step in billing is creating the invoices.

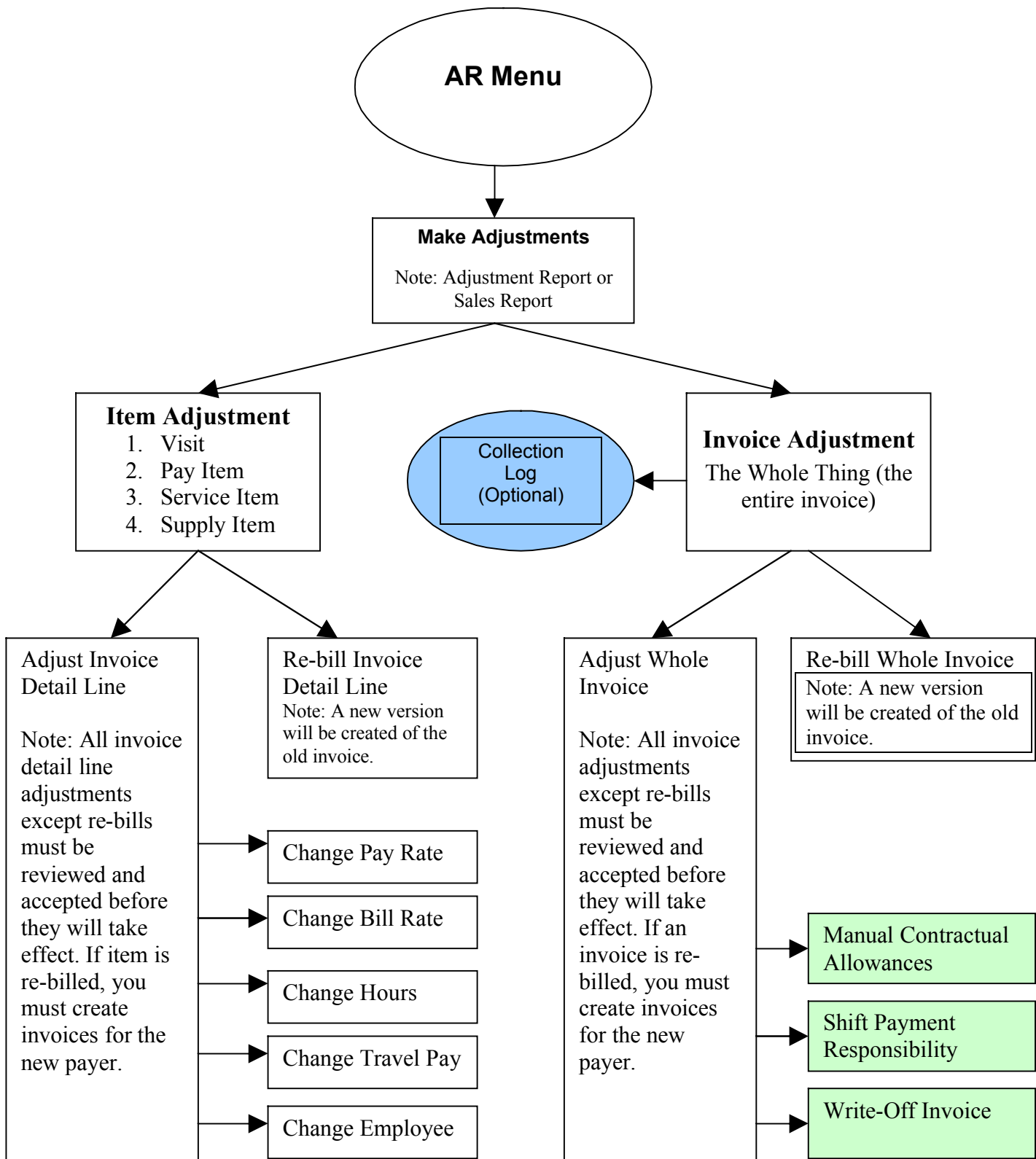
Billing Diagram and Payroll Work Flow Diagram



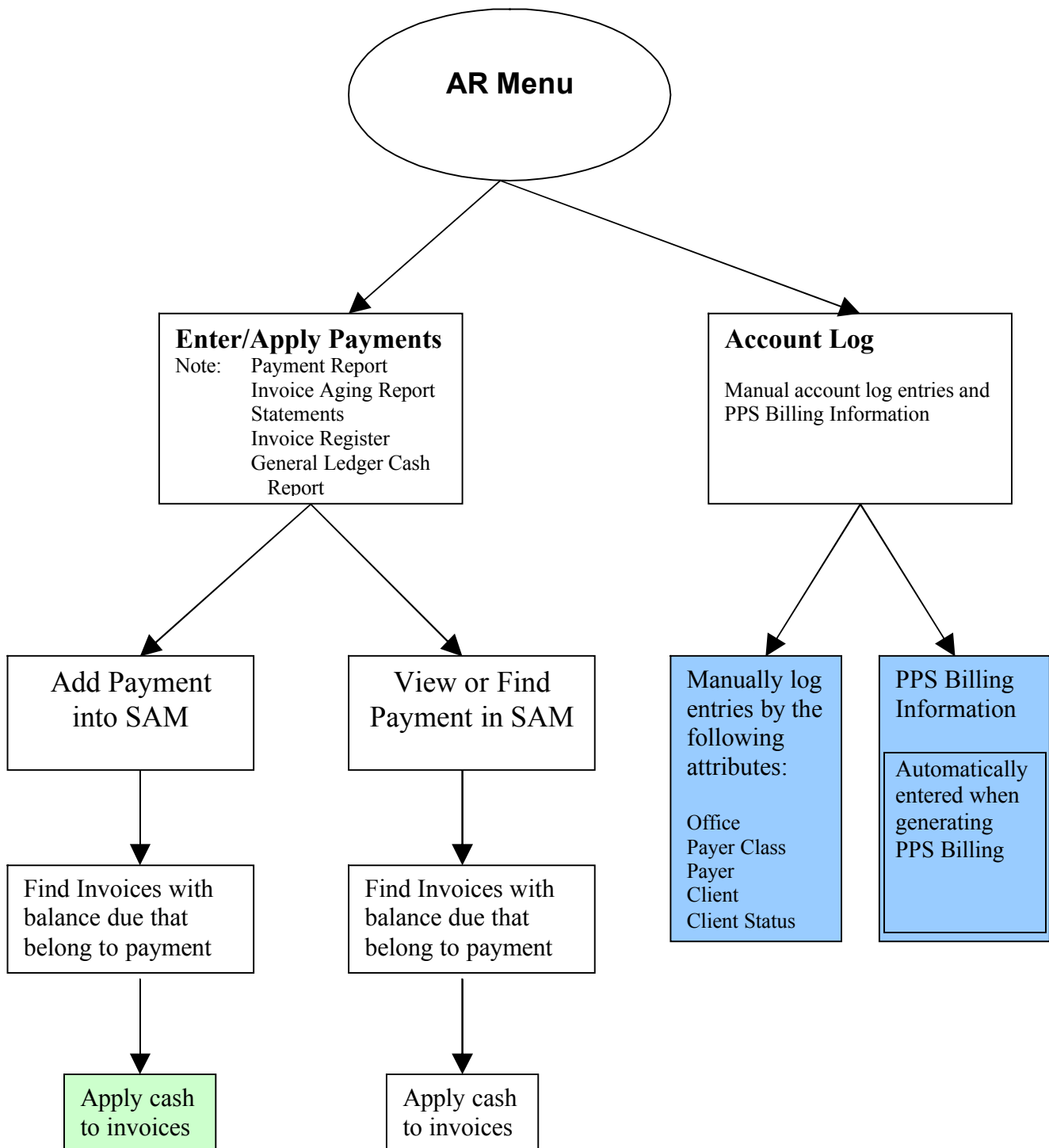
Invoices & Claims Diagram



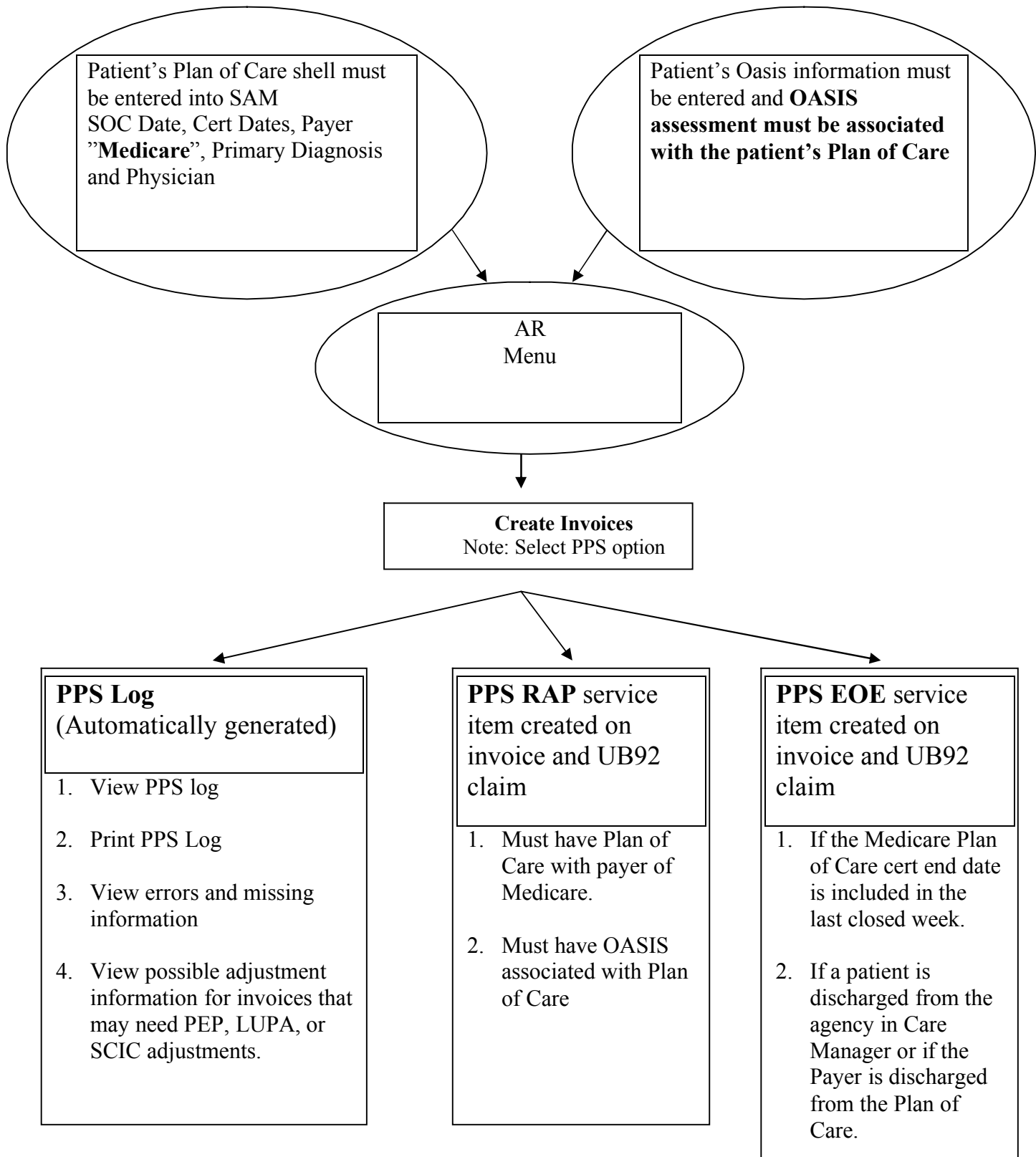
Invoice & Item Adjustments Diagram



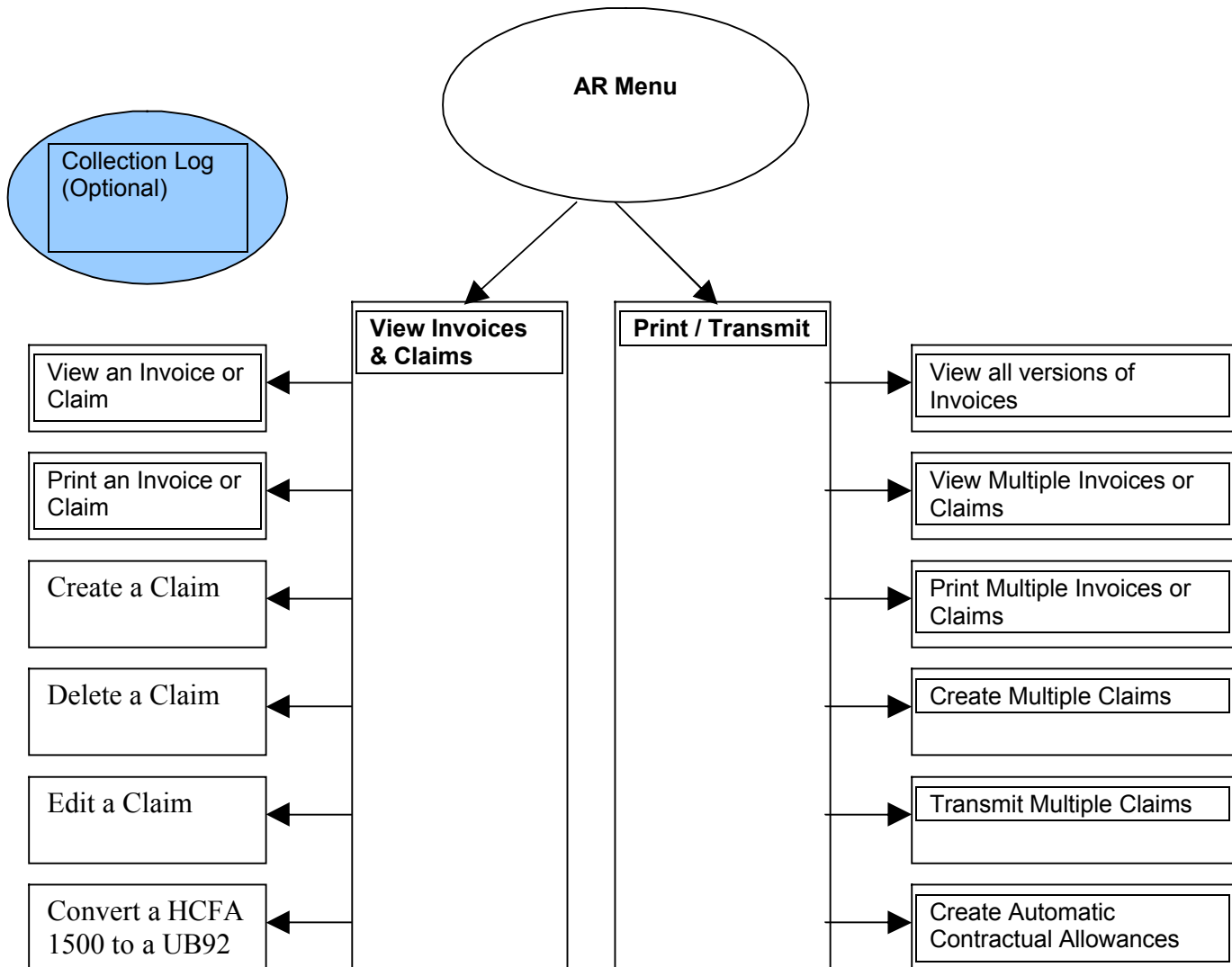
Entering Payments & Cash Applications Diagram



Billing Medicare PPS Diagram

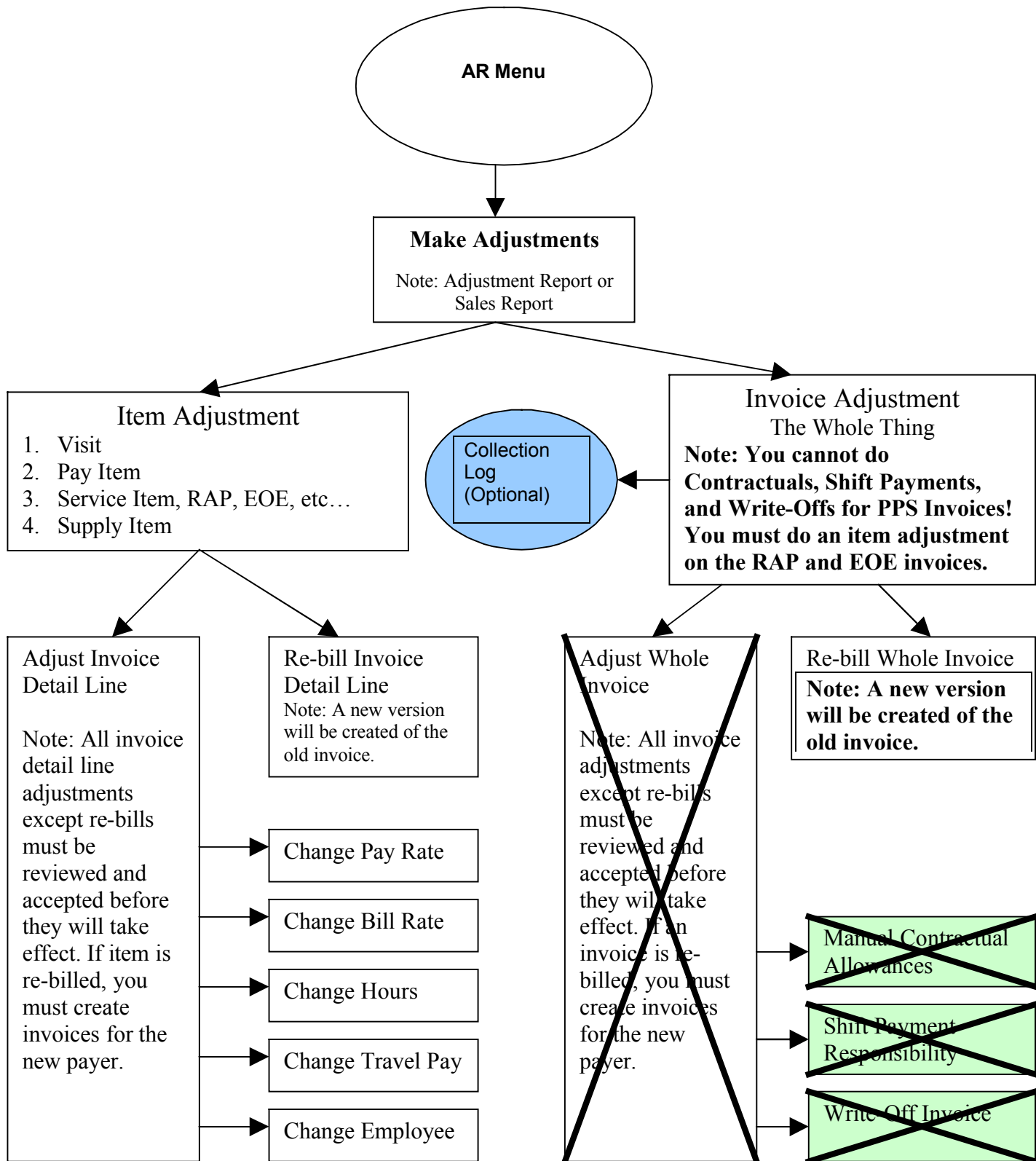


Medicare PPS Invoices & Claims Diagram

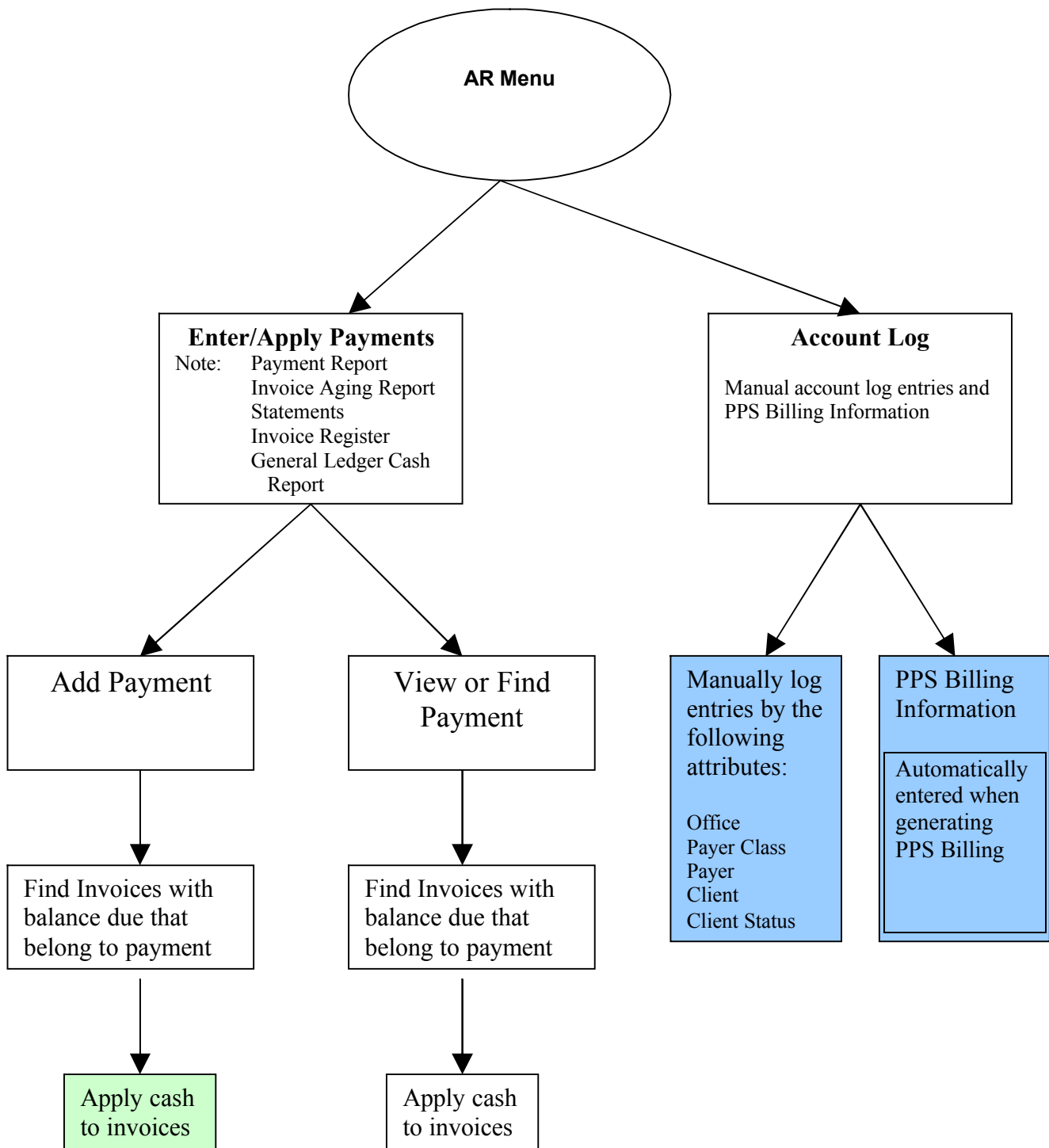


Note: The initial RAP invoice and UB92 claim will only contain the amount for the initial RAP service item. When the EOE service item gets created all the related visits and supplies will appear on both the EOE invoice and UB92 claim. At this time you can then adjust the EOE if required by the patient's status etc... You cannot do Contractual Allowances, Shift Payment Responsibilities, and Write-Offs to Medicare invoices. You must instead do an item adjustment to the RAP or EOE service items.

Medicare PPS Invoice & Item Adjustments Diagram



Entering Medicare PPS Payments & Cash Applications Diagram



Creating Invoices/Claims

In order to assure that critical processes are working with static data, the system will not allow this process if anyone is doing any of the following in the database: Close Week, Calculate Overtime, Create Invoices, Create Automatic Contractuals, Transmit Claims, Make Adjustments (Items, Invoices, Rebills, Reviewing and accepting, etc.), Payroll Export and Updating Visit Rates.

The **Create Invoices** screen is used to create invoices and claims for closed visits. Invoices are created for the office you are currently logged into.

Creating Invoices/Claims for Payers Billed Weekly

By default, the **Create Invoices** screen is set to create invoices/claims for payers that are billed weekly, bi-weekly or monthly. It displays only those payers that do not have billing calendars. Invoices and claims (for the payers that require claims) are created at the same time.

Perform the following steps to creating invoices and claims for payers billed weekly, bi-weekly or monthly:

- To access the **Create Invoices** screen, select menu option AR | Create Invoices.
- The **Create Invoices** screen will be displayed.
- Select the **Billed Weekly, Bi-Weekly or Monthly** option.
- Select the payer to invoice by clicking on the payer in the list.
- If you want to invoice just one client related to the selected payer, select the client from the **Client** combo box. Otherwise, just click the **Create Invoices** button.

Creating Invoices/Claims for Payers Billing per Calendar Period

To invoice for payers that are not billed weekly, every two weeks, or monthly—click on the **Billed per Calendar Period** option on the **Create Invoices** screen. The payer list box changes to display only those payers that have billing calendars. Billing calendars for a payer are defined in using the Payers function. Invoices and claims (for the payers that require claims) are created at the same time.

Perform the following steps to creating invoices and claims for payers billed per payer calendar:

- To access the **Create Invoices** screen, select menu option AR | Create Invoices.
- The **Create Invoices** screen will be displayed.
- Select the **Billed per Calendar Period** option.
- Select the payer and the period(s) you want to bill by clicking on the payer and calendar period in the list. If the period has been billed previously, the date will appear in the column next to the period dates.
- Click the **Create Invoices** button

Closed items that have not been billed which have care dates between the selected billing dates will be billed. The invoice date will be the date of last week's ending date.

CREATE INVOICE SELECTION

Office: Melbourne (0002)

Payer: ☐ Billed Weekly, Bi-Weekly, or Monthly ☒ Billed per Calendar Period ☐ PPS

Payer Name	Calendar Period	Date Billed
MONTHLY BILLING	11/01/2000-11/30/2000	
MONTHLY BILLING	10/01/2000-10/31/2000	
MONTHLY BILLING	09/01/2000-09/30/2000	
MONTHLY BILLING	08/01/2000-08/31/2000	
MONTHLY BILLING	07/01/2000-07/31/2000	
MONTHLY BILLING	06/01/2000-06/30/2000	
MONTHLY BILLING	05/01/2000-05/31/2000	
MONTHLY BILLING	04/01/2000-04/30/2000	
MONTHLY BILLING	03/01/2000-03/31/2000	04/06/2000
MONTHLY BILLING	02/01/2000-02/29/2000	03/09/2000
MONTHLY BILLING	01/01/2000-01/31/2000	02/10/2000

Client: ALL

Create Invoices Exit

3:33 PM

Creating Invoices/Medicare PPS

Before you generate PPS Invoices, make sure you have the following:

1. A Medicare or Episodic Insurance payer.
2. Branch ID entered for the office.
3. Clients associated with the Medicare or Episodic Insurance payer.
4. First skilled billable visit (on the cert begin date for 60% RAPs)
5. Plan of Care for the Medicare or Episodic Insurance payer (no overlapping plans of care for same payer.)
6. A Start of Care, Resumption of Care, Recert or follow-up OASIS Assessment for the patient.
7. The OASIS Assessment is associated with the appropriate Plan of Care.
8. The OASIS Assessment has a status of “locked” or “exported.”
9. You can click the “summary” button on the OASIS Assessment and get the PPS Episode amount with no assessment errors reported.
10. If the Medicare client is “Medicare Secondary Payer”, placing “MSP” in the client's “Bill Notes” field will cause all RAP and EOE claims to be created with occurrence code 1 = '05', occurrence date 1 = RAP date, and the remark will read "Services provided by our agency are not associated with previous MSP."

Perform the following steps to creating invoices and claims for Medicare PPS:

- To access the **Create Invoices** screen, select menu option AR | Create Invoices.
- The **Create Invoices** screen will be displayed.
- Select the **PPS** option. The payer list box will not list any payers.
- Optionally select a specific Client to create the invoices for.
- Click on the **Create Invoices** button. Invoices and claims (for the payers that require claims) are created at the same time.

The PPS billing will step through each “Patient” type Client that has a Plan of Care defined for a Medicare or Episodic Insurance payer that has a Cert Begin date that is equal to or after 9/1/2000.

A billing log report will be displayed on the screen. This log will report any errors or warnings regarding the creating of the PPS invoices. This report will sort entries based on the Plan of Care certification begin date. Some of the types of errors or warnings that will be reported include:

- Although the episode has ended, the week the episode ended within has not been closed so a PPS EOE service item and final claim will not yet be created.
- First skilled billable visit for Doe, John not found on xx/xx/xxxx. Initial RAP PPS bill will not be created. (where xx/xx/xxxx is the certification begin date for the Plan of Care.) Note: For a 60% RAP the first billable visit date must match the certification begin date for the Plan of Care or you will get a rejection.
- RAP created for patient name on date falls within previous episode for patient. **PEP** coding is required.

You do not need to adjust your claim. Medicare is aware of PEPs and will pay accordingly. You will only be paid “short” if a LUPA occurs or if another agency picks up your patient within your original cert period. After you receive your payment for the episode, you will need to adjust your EOE service item to match the remittance.

- *Patient* is qualified for **OUTLIER** payment.
You do not need to adjust your claim. Medicare counts your visits on your EOE claim, and adjusts your payment accordingly if you have reached the threshold amount for an outlier. After you receive your payment for the episode, you will need to adjust your EOE service item to match the remittance.
- *Patient*’s original condition has changed (SCIC). The original HIPPS code is *FIRST_HIPPS*. As of *SCIC_DATE*, the new HIPPS code is *HIPPS* with a Case Mix Weight of *CMW*. A SCIC adjustment may be appropriate.
Only adjust the claim if the SCIC will cause the episode amount to increase.
Adjust the EOE claim before transmitting:
Adjust the current EOE detail line (0023 line) to reflect the number of days (in the days/units field) appropriate (from the pps log) for the original HIPPS code.
Add a new line as follows: description = “PPS EOE”, code = “0023”, HCPCS/rate = new HIPPS code (from pps log), date of service = date of SCIC (from pps log), days/units = days for new HIPPS code (from pps log).
- Skilled billable visit for *patient* not found on or after *date*. RAP PPS bill was created BUT be sure a billable visit was done.
Adjust the claim to reflect the date of the skilled billable visit in locator 46 (serv date) to be equal to locator 6 (statement period covers dates) from date before you transmit the RAP claim.
- The episode *patient* for the *date* plan of care has only x visits and qualifies as a LUPA. The RAP payment for this episode was \$. The EOE payment for this episode is \$. The total episode payment should be REDUCED by \$.
Medicare will pay the episode at the LUPA rate.
Adjust the RAP as usual to reflect the “take back.”
Adjust the EOE, making the episode equal to the payment.

In addition, the billing log will include information about the service items created and any adjustment advice. The billing log is saved as N:\pps.log and is appended to each time the Create Invoices option is processed.

An additional billing log in Microsoft Excel format (n:\ppslog.xls) is also created which will contain all of the information last appended to the billing log (n:\pps.log) (only current information.) This will allow you to easily sort the file by name, messages, etc. Long messages such as “OUTLIERS” or “SCICS” are truncated to 254 characters in the .xls file.

If the Plan of Care does not already have a PPS RAP service item, a PPS RAP service item will be created, also created are an invoice and a UB92 claim.

If the Plan of Care does already have a PPS RAP service item and the episode for that patient is over, and the End of Episode (EOE) date is on or before the last week ending date, a PPS EOE service item is created, also an invoice and UB92 claim. The PPS billing that the episode for the patient is over if the billing date is after the Plan of Care cert end date or patient discharge date.

If Partial Episode Payment (PEP), a Low Utilization Payment Adjustment, a Significant Change in Condition or a Outlier is detected, PPS billing will issue adjustment advice on how to adjust the PPS service items so that the total amount billed for the episode equals the amount to be paid. The billing log will not report a possible PEP (Partial Episode Payment) where the patient was discharged with a reason of “Normal Discharge – Goals Achieved.”

All adjustment advice is placed onto the PPS billing log and in the client’s account log.

This is an example of the type of advice that will be added to the client’s account log. Note that the account log information will optionally print on the aging report. Please refer to section **The Account Log** for more information regarding this screen.

SAM > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Edit Account Log

Office: 0002-Melbourne
 Account No: 002209-02-7099
 Account Name: Medicare
 Sub-Account: Abdow, Stephen (02)
 Contact:
 Phone: (207) 822-8585 EXT:
 Create Date: 06/27/2001 05:10 PM

Total Charges: \$0.00
 Total Adjustments: \$0.00
 Total Applied Cash: \$0.00
 Account Balance: \$0.00
 Unallocated Cash: \$0.00

RAP created for .6 of 2264.07 with the following attributes...
 6-hhrg:C2F250-hipps:HCGJ1-wi:1.0678-cmw:0.9949 on 06/20/01
 for Kaiser, Mary Plan of Care beginning 05/08/01.
 --- above added 06/20/01 03:29 PM ---
 Final claim created for 905.63 on 06/27/01
 for Kaiser, Mary Plan of Care beginning 05/08/01.
 The episode patient Kaiser, Mary for the 05/08/01 plan of care

Service Dates	Billing Dates	Invoice-Client/Payer or Description	Amount

☒ Show Open Invoices Only

REN 04/05/2003 11:33 AM

A log of the account activity for this invoice (right-click/F2 to zoom) 3:35 PM

You can use this checklist to trouble shoot any problems reported on the billing log:

1. What is the “payer set #” for the client/payer relationship to the Medicare payer?
2. Are all of the Medicare visits on that payer set?
3. Is the Plan of Care for that payer set?
4. Is the OASIS Assessment associated with the correct plan of care?

5. Are all of the OASIS Assessments associated with the correct plan of care?
6. Do you have a first skilled billable visit:
 - For a 60% RAP must be equal to the cert begin date
 - For a 50% RAP must be within cert period
7. Have you discharged the patient from the payer prior to the first billable visit?

If PPS billing has advised you to adjust your PPS payment, you will need to adjust the PPS service item(s). Please refer to section **Item and Invoice Adjustments**.

The PPS service items that are created will have an invoice description that shows the percentage of the payment requested (on the RAP), the HHRG and HIPPS codes. PPS billing uses the grouper.dll provided by HCFA to derive these codes.

Per the Medicare instructions:

- PPS billing will set the RAP service item date equal to the first billable visit's date. The first billable visit for an initial RAP (60%) is a skilled visit with a status of "confirmed", "verified" or "closed."
- The first billable visit for a subsequent RAP (50%) is a skilled or unskilled visit with a status of "confirmed", "verified" or "closed."
- If no billable visit is found, the date will be set to the certification begin date.
- On the UB92 claim, locator 6 dates will be set equal to the RAP service item date.
- On subsequent RAP claims, locator 6 dates will reflect the certification begin date.
- On EOE claims, locator 6 dates will reflect the certification period.
- The date in locator 6 on the EOE UB92 must match the date in locator 6 of the RAP UB92. For this reason, it is important that the date of the first billable visit be known at the time the RAP is created. If this is not the case, BOTH the RAP and EOE claims must be edited and resubmitted. If you need to edit the claims, check with your clinical staff to make sure that the OASIS Assessment and scheduled visit information are correct. If not, they may need to make adjustment to the assessment(s) or schedule before you recreate the RAP/EOE claims.

Note: You can set "Creating Medicare PPS Invoices" to only look for visits with a status of "closed" or "verified" (not include "confirmed" visits). To enable this feature, add the following line to your N:\sam.ini file: Ini_FBV_visit_status_list,T-V

Also on the claims, the Patient status (locator 22) will be populated as follows:

01 = discharged to home or self-care.

30 = still patient or expected to return for outpatient services (if the cert end date is the end of episode.)

Note: A transfer is a type of discharge. Do not use the transfer patient status as this means, "transfer within the organization" and not to another agency.

The Claim created for End of Episode (EOE) contains line items for visits and supplies closed at the time the episode is detected to be over.

- PPS billing will default to code 270 for Medicare Supplies. If those supplies are wound care, the claim must be edited and the code for the wound care supplies changed to 623.

Please refer to section **View Invoices/Claim** on how to edit the UB92 claim.

The Sales (item) report can be used to show PPS sales activity for Medicare. On the report selection screen, choose your Medicare payer, then un-select all but “service” type items. Enter the service dates that cover the episode dates for the sales you wish to see. The report will show all PPS service items and all adjustments to these service items. It will also indicate what type of adjustment was done (PEP, LUPA, SCIC, and Outlier). By exporting this to Excel, the adjustment description can be used to create sums for PEP, LUPA, SCIC, and Outlier adjustments.

The General Ledger reports will show cost and sales from Medicare visits and supplies as well as the service items and adjustments that represent the RAP and EOE sales. Your Glaccount table should be updated to place the RAP and EOE service items into NEW accounts in your general ledger.

We recommend when adding new Medicare Payers that you set their Billing Frequency equal to “Calendar” and enter only one billing period on the Calendar screen. You may then perform PPS billing at any time. PPS billing will automatically calculate the episode payment based on the OASIS Assessment.

If the Medicare client is “Medicare Secondary Payer”, placing “MSP” in the client's “Bill Notes” field will cause all RAP and EOE claims to be created with occurrence code 1 = '05', occurrence date 1 = RAP date, and the remark will read "Services provided by our agency are not associated with previous MSP."

Print/Transmit Screen

The **Print/Transmit** screen is used for printing multiple invoices or claims, creating multiple claims for invoices requiring claims, and transmitting multiple claims electronically.

- To access the **Print Transmit** screen, select menu option AR | Print/Transmit.

R	F	T	Invoice No-Ver	Client	Payer	Amount	Date
*			0002A04062-01	Wilson, Michael	Medicare	\$2,376.18	01/27/2003
*			0002A04063-01	Haskell, Abigail	Medicare	\$1,187.25	01/27/2003
*			0002A04064-01	Cedeno, Tyler	Medicare	\$593.14	01/27/2003
*			0002A04065-01	Shaughnessy, Sophie	Medicare	\$865.05	01/27/2003
*			0002A04066-01	Provost, Robert	Medicare	\$1,771.75	01/27/2003
*			0002A04067-01	Pope, Marilyn	Medicare	\$1,187.25	01/27/2003
*			0002A04068-01	Barns, Donald	Medicare	\$851.00	01/27/2003
*			0002A04069-01	Illicky, Kent	Medicare	\$760.40	01/27/2003
*			0002A04070-01	Boberek, Patricia	Medicare	\$593.14	01/27/2003
*			0002A04071-01	Coons, Frances	Medicare	\$1,734.45	01/27/2003
*			0002A04072-01	Goodchild, Maggie Marie	Medicare	\$769.28	01/27/2003
*			0002A04073-01	Standen, Gladys	Medicare	\$783.31	01/27/2003

- If you would like to view Invoices (not Claims), select the **Invoices** option. If you would like to view Self Pay Invoices check the **Self Pay** box. If you would like to view UB92 Claims, select the **UB92** option. If you would like to view HCFA 1500 Claims, select the **HCFA 1500** option.
- If you would like to see All Versions of the Form that you have selected, select the **All Versions** option. Making adjustments creates additional versions.
- Selecting **Creation Dates** (the date that the invoice was created) or **Invoice Dates** (the week ending date that the invoice was created) will control which items are displayed and what date type is displayed in the date column.

Printing Self-Pay Invoices

The **Print/Transmit** screen may be used to print multiple self-pay invoices at once.

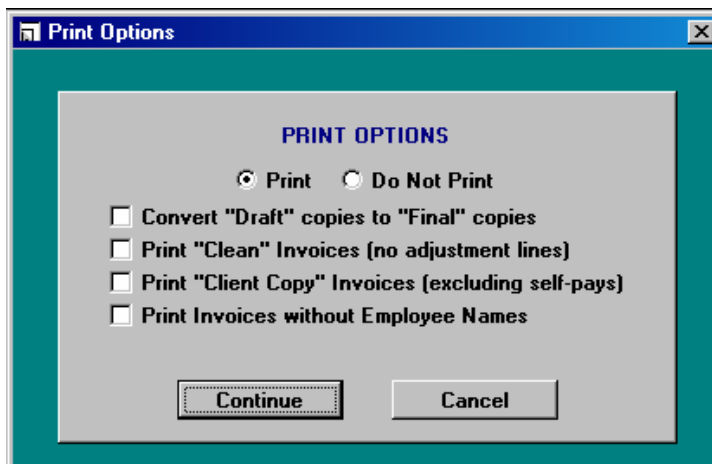
When creating Self-Pay invoices, you now have the option to direct SAM to print “Terms: Due by xx/xx/xxxx.” The date printed will be the last day of service on the invoice + ### of days. If that date is before the current date, then the current date will be printed instead. To enable this feature, add the following line to your n:\sam.ini file:

INI_Self_Pay_Invoice_Net_Days, ##

(## being the number of days to be added to the last day of service on the invoice.

Perform the following steps to print self-pay invoices:


- To access the **Print Transmit** screen, select menu option AR | Print/Transmit.
- The **Print/Transmit** screen will be displayed.
- In the FORMS section, select the **Invoices** option and check the **Self Pay?** check box.
- Click the **Generate** button.
- To select one invoice, click on the invoice in the list.
- To select multiple invoices, control-click on each invoice or shift-click on the first and last invoice.
- Click the **Print** button to print the invoice(s), or the **Preview** button to see the invoice(s) on the screen.
- Each time you print an invoice, the **Print Options** screen will appear.



- **Print vs. Do Not Print** - This option is used in conjunction with the “Convert Draft copies to Final copies...” You may choose to actually print the invoice or not print the invoice while converting it to a final copy or not converting it to a final copy.
- **Convert "Draft" copies to "Final" copies** – This option, if selected, will convert all Draft copies of invoices to Final copies of invoices. Invoices are created in the draft state and are printed with the word “DRAFT” on them. Final copies do not print with the word “DRAFT”. Final copies may be mailed to the payers.
- **Print "Clean" Invoices (no adjustment lines)** - When invoices have items with adjustments, the adjusted items appear on the invoice as gray lines. If this option is selected, any invoice with adjustments will print only the final adjusted values with no gray items.
- **Print "Client Copy" Invoices (excluding self-pays)** - Sometimes a client wants a copy of an invoice (that was mailed to their insurance company) sent to them for their records. This option prints invoices with the client’s mailing address and the caption “Client Copy – For Your Records Only.”
- **Print Invoices without Employee Names** – This option, if selected, will print the invoices without the employee name on the work items.

If you do not choose any of these options, invoices will print according to their current state.

- Click on the **Continue** button.
- The invoice will be printed.

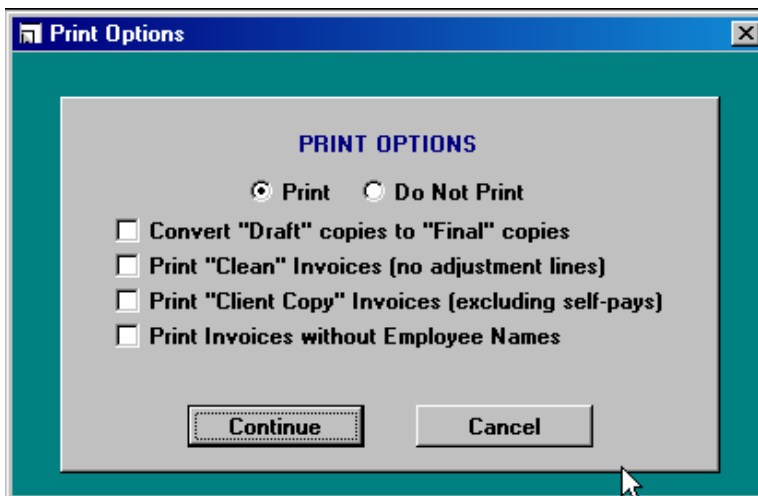
If you select multiple invoices and then click the Preview button, each invoice will be shown to you on the screen. When each invoice is displayed, you must select the **Exit**  button to view the next invoice.

Printing Invoices for Payers

The **Print/Transmit** screen may be used to print multiple invoices for payers at once.

Perform the following steps to print payer invoices:


- To access the **Print Transmit** screen, select menu option AR | Print/Transmit.
- The **Print/Transmit** screen will be displayed.
- In the FORMS section, select the **Invoices** option.
- Make sure that the **Self Pay?** check box is NOT checked.
- In the STATE section:
 - Select the **All** option to list all invoices regardless of the progress within the billing cycle
 - Select the **Ready** option to list invoices that have satisfied their invoice requirements
 - Select the **Suspended** option to list invoices that have NOT satisfied their invoice requirements (for instance a claim has not been created)
 - Select the **Draft** option to list invoices that are in a draft state
 - Select the **Final** option to list invoices that have been printed in the final state or have been transmitted
 - Select the **Not Transmitted** option to list invoices associated with claims that have not been transmitted
- In the INVOICE DATES section, enter the week ending date range of the service covered by the invoices you want to print. You can leave the “To” date empty to retrieve all invoices later than the “From” date.
- To retrieve only invoices for a particular payer(s), click the **Select** button next to the **Payer** field. This will cause the **Select Payer** screen to be displayed. On this screen you can either type in some or all of the payer’s name and click the **Generate** button, or you can leave the name blank and click the **Generate** button to get a list of all payers. Or you may select by Payer Number if you know the payer number in the system. Select a payer by double clicking on the payer in the list OR by clicking on the payer and clicking on the **Select** button. To select multiple payers, control-click on each payer or shift-click on the first and last payer.
- To retrieve only invoices for a particular client, click the **Select** button next to the **Client** field. This will cause the **Select Client** screen to be displayed. On this screen you can either type in some or all of the client’s name and click the **Generate** button, or you can leave the name blank and click the **Generate** button to get a list of all clients. Or you may select by Client Number if you know the client number in the system. Select a client by double clicking on the client in the list OR by clicking on the client and clicking on the **Select** button.
- If you would like to select invoices for a particular Electronic Claims Submission type, select from **ECS** drop down the ECS style that applies. If the ECS style selected supports multiple payers in one transmission file, the **Transmit** button will be enabled.
- Click the **Generate** button.
- To select one invoice, click on the invoice in the list.
- To select multiple invoices, control-click on each invoice or shift-click on the first and last invoice.
- Click the **Print** button to print or the **Preview** button to see the invoices on the screen.
- Each time you print an invoice, the **Print Options** screen will appear.



- Print vs. Do Not Print - This option is used in conjunction with the “Convert Draft copies to Final copies...” You may choose to actually print the invoice or not print the invoice while converting it to a final copy or not converting it to a final copy.
- Convert "Draft" copies to "Final" copies – This option, if selected, will convert all Draft copies of invoices to Final copies of invoices. Invoices are created in the draft state and are printed with the word “DRAFT” on them. Final copies do not print with the word “DRAFT”. Final copies may be mailed to the payers. If you convert the invoice from “Draft” to “Final” the claim is also converted to “Final.”
- Print "Clean" Invoices (no adjustment lines) - When invoices have items with adjustments, the adjusted items appear on the invoice as gray lines. If this option is selected, any invoice with adjustments will print only the final adjusted values with no gray items.
- Print "Client Copy" Invoices (excluding self-pays) - Sometimes a client wants a copy of an invoice (that was mailed to their insurance company) sent to them for their records. This option prints invoices with the client’s mailing address and the caption “Client Copy – For Your Records Only.”
- Print Invoices without Employee Names – This option, if selected, will print the invoices without the employee name on the work items.

If you do not choose any of these options, invoices will print according to their current state.

- Click on the **Continue** button.
- The invoice will be printed.

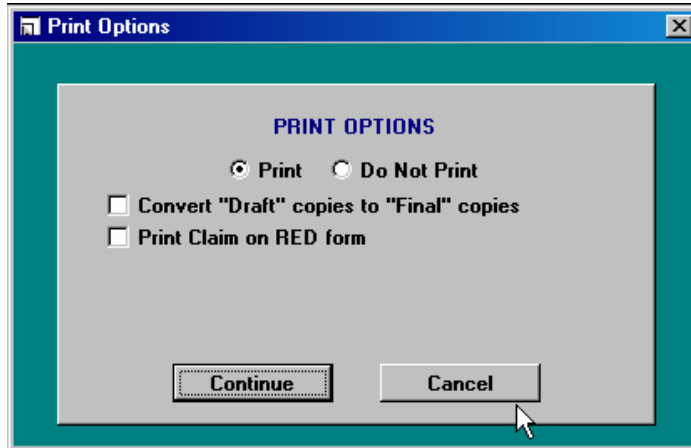
If you select multiple invoices and then select preview, each invoice will be shown to you on the screen. When each invoice is displayed, you must select the **Exit**  button to view the next invoice.

Printing Claims for Payers

The **Print/Transmit** screen may be used to print multiple claims at once. Selecting claims and clicking the Print button will print claims.

Perform the following steps to print claims:

- To access the **Print Transmit** screen, select menu option AR | Print/Transmit.
- The **Print/Transmit** screen will be displayed.
- In the FORMS panel, select the **UB-92** or **HCFA 1500** option specifying the type of claim you wish to print/preview.
- Make sure that the **Self Pay?** check box is NOT checked.
- In the STATE section:
 - Select the **All** option to list all claims regardless of the progress within the billing cycle
 - Select the **Ready** option to list claims that have satisfied their invoice requirements
 - Select the **Suspended** option to list claims that have NOT satisfied their invoice requirements (for instance a claim has not been created)
 - Select the **Draft** option to list claims that are in a draft state
 - Select the **Final** option to list claims that have been printed in the final state or have been transmitted
 - Select the **Not Transmitted** option to list claims that have not been transmitted
- In the INVOICE DATES section, enter the week ending date range of the service covered by the claims you want to print. You can leave the To date empty to retrieve all claims later than the From date.
- To retrieve only claims for a particular payer(s), click the **Select** button next to the **Payer** field. This will cause the **Select Payer** screen to be displayed. On this screen you can either type in some or all of the payer's name and click the **Generate** button, or you can leave the name blank and click the **Generate** button to get a list of all payers. Or you may select by Payer Number if you know the payer number in the system. Select a payer by double clicking on the payer in the list OR by clicking on the payer and clicking on the **Select** button. To select multiple payers, control-click on each payer or shift-click on the first and last payer.
- To retrieve only claims for a particular client, click the **Select** button next to the **Client** field. This will cause the **Select Client** screen to be displayed. On this screen you can either type in some or all of the client's name and click the **Generate** button, or you can leave the name blank and click the **Generate** button to get a list of all clients. Or you may select by Client Number if you know the client number in the system. Select a client by double clicking on the client in the list OR by clicking on the client and clicking on the **Select** button.
- If you would like to select claims for a particular Electronic Claims Submission type, select from **ECS** drop down the ECS style that applies. If the ECS style selected supports multiple payers in one transmission file, the **Transmit** button will be enabled.
- Click the **Generate** button.
- To select one claim, click on the claim in the list.
- To select multiple claims, control-click on each claim or shift-click on the first and last claim.
- Click the **Print** button to print or the **Preview** button to see the claims on the screen.
- Each time you print a claim, the **Print Options** screen will appear.



- Print vs. Do Not Print - This option is used in conjunction with the “Convert Draft copies to Final copies...” You may choose to actually print the claim or not print the claim while converting it to a final copy or not converting it to a final copy.
- Convert "Draft" copies to "Final" copies – This option, if selected, will convert all Draft copies of claims to Final copies of claims. Claims are created in the draft state and are printed with the word “DRAFT” on them. Final copies do not print with the word “DRAFT”. Final copies may be mailed to the payers. If you convert a claim from “Draft” to “Final”, the invoice is also converted to “Final.”
- Print Claim on Red form – You may print the claims on the standard Red form. This requires placing the Red form in your printer and then selecting the claim to print, and then selecting this option.
- If you have selected a “HCFA”, two additional options will be displayed
 1. Place ICD9 codes in locator 24e - If you select this option, then the ICD9 codes will be printed in locator 24e.
 2. Print Claim on 2003 Red Form - If your HCFA 1500 Red Form claim has a Revision at the bottom of the page for “10/2003” please use this option.

If you do not choose any of these options, claims will print according to their current state.

- Click on the **Continue** button.
- The claim will be printed.

You may print a UB92 claim to a printer using a non-postscript printer driver. This version of the UB92 claim will print “units” showing 2 decimal places. To enable this feature, add the following line to your n:\sam.ini file: INI_PCL_UB92_RED, yes

Creating Claims Manually for Multiple Invoices

The **Print/Transmit** screen may be used to create claims for multiple invoices that require claims. Selecting invoices and clicking the Create Claim button will create claims for each selected invoice that does not already have a claim and requires one.

The screenshot shows the 'Print/Transmit' window in the SAM software. The window has a menu bar (File, Administration, Schedule, AR, Configuration, Maintenance, Login, SamToGo, Reports, Help) and a toolbar. The main area is divided into sections: FORMS (Invoices, Self Pay?, UB-92, HCFA 1500, All Versions?), STATES (All, Ready, Suspended, Draft, Final), DATES (Creation Dates, Invoice Dates), and ORDER BY (Invoice, Client). A table of invoices is displayed with columns: R F T, Invoice No-Ver, Payer, Client, Amount, and Date. A dialog box is open in the center, asking for confirmation to create claims for selected invoices. The bottom toolbar contains buttons: Select All, Select None, Create Claim, Create Contractual, Preview, Print, Transmit, and Exit. The 'Create Claim' button is highlighted.

R F T	Invoice No-Ver	Payer	Client	Amount	Date
*	0002A04062-01 W			376.18	01/27/2003
*	0002A04063-01 H			187.25	01/27/2003
*	0002A04064-01 C			593.14	01/27/2003
*	0002A04065-01 S			65.05	01/27/2003
*	0002A04066-01 P			771.75	01/27/2003
*	0002A04067-01 P			187.25	01/27/2003
*	0002A04068-01 Bams, Donald	Medicare		851.00	01/27/2003
*	0002A04069-01 Ilnick, Kent	Medicare		760.40	01/27/2003
*	0002A04070-01 Boberek, Patricia	Medicare		593.14	01/27/2003
*	0002A04071-01 Coons, Frances	Medicare		1,734.45	01/27/2003
*	0002A04072-01 Goodchild, Maggie Marie	Medicare		769.28	01/27/2003
*	0002A04073-01 Standen, Gladys	Medicare		783.31	01/27/2003

Perform the following steps to manually create claims for invoices:

- To access the **Print Transmit** screen, select menu option AR | Print/Transmit.
 - The **Print/Transmit** screen will be displayed.

Follow the instructions in the *Printing Invoices for Payers* section except:

- Click the **Create Claim** button to create a claim for the selected invoices.

This function allows you to create claims for multiple invoices at once. Note however that claims will only be created for invoices that require a claim but do not have one. The type of claim created is the type required by the invoice.

Transmitting Claims to Electronic Bulletin Board Systems

In order to assure that critical processes are working with static data, the system will not allow this process if anyone is doing any of the following in the database: Close Week, Calculate Overtime, Create Invoices, Create Automatic Contractuals, Transmit Claims, Make Adjustments (Items, Invoices, Rebills, Reviewing and accepting, etc.), Payroll Export and Updating Visit Rates.

The **Print/Transmit** screen may be used to transmit claims to an electronic bulletin board system (BBS). If a payer has an electronic claims submission interface, this option may be used to send electronic claims to the payer via a modem directly from this system.

Perform the following steps to transmit claims:

- To access the **Print Transmit** screen, select menu option AR | Print/Transmit.
- The **Print/Transmit** screen will be displayed.
- If you would like to submit claims for a specific ECS style that will support the submission of multiple payers on one transmission file, select the ECS style from the ESC drop down. If the ECS style supports the submission of multiple payers on one transmission file, the **Transmit** button will be enabled.

Follow the instructions in the Printing Claims for Payers section except (it is important to select a payer so transmitting will know what format to use for the file):

- After generating the list of claims click the **Transmit** button.
- A **Save As** screen appears which shows you the name of the transmission file and its default directory that is to be created. The default directory is “N:\Claims Transmission”. Click the **Save** button to create the transmission file. **This is the file you will actually transmit to the electronic claims bulletin board; therefore it is important to note its name.**

Up to two files may actually be created. The first file is the actual claim transmission file that has a filename extension of ECS. The second file is a log file that summarizes the transmission and has a filename extension of LOG.

- After the claim file is created, HyperTerm may be invoked to allow you to connect to the electronic claims bulletin board. See section on “Sending an ECS File via HyperTerm.” If it is not invoked you will be responsible to submit the file to the BBS.

If there are missing or invalid items on any claim, you will be given a message and the claim will not be included in the transmission file.

Sending an ECS File via HyperTerm

A HyperTerm session is started from either the **Print/Transmit** screen (refer to **Transmitting Claims to Payers** section) or possibly an icon available to you at your site.

The following steps describe an example HyperTerm session to North Carolina Medicaid Bulletin Board:

1. After HyperTerm starts, note the session name at the top window label. It should read North Carolina Medicaid - HyperTerminal. If it is correct, continue; otherwise, click the **Cancel** button on the **Connect** window, exit out of HyperTerm, and call your support personnel.
2. If you can print from your workstation, and you would like to print a copy of your HyperTerm session to your default printer, continue with step 3; otherwise go to step 6.
3. Click the **Cancel** button on the **Connect** window.
4. Select **Transfer** from the HyperTerm menu, and then click **Capture to Printer**.
5. Select **Call** from the HyperTerm menu, and then click **Connect**.
6. Click the **Dial** button on the **Connect** window. At this time, the modem on your workstation will dial into the bulletin board. If the modem does not connect properly, click the **Cancel** button and go back to step 5 to try again.
7. If the modem connects correctly, you will see the bulletin board banner. Type in your ECS Authorization Number.
8. Type in your password.
9. Type the "S" command (Send Transactions) to place the bulletin board in a mode to receive your ECS file.
10. When the bulletin board is ready to receive your file, select **Transfer** on the HyperTerm menu, and then click **Send File...**
11. The **Send File** window now appears. Click the **Browse** button on the **Send File** window and locate the file to transmit. The file should be in the default directory "N:\Claims Transmission".
12. After the file is located, click the **Send** button.
13. A transmission status window now appears during the transmission until it completes.
14. After the file is transmitted, type the "G" command (Goodbye) to log off the bulletin board.
15. Type "Y" to confirm that you want to disconnect.
16. Exit out of HyperTerm.
17. If you selected **Capture to Printer** in step 4 above, a printout of the session is sent to your printer.

Invoice Register Report – Tracking Which Bills Were Sent (Finalized)

When an invoice is printed or transmitted, billing marks it as finalized. This is an agency's way of knowing which invoices have been actually billed. The invoice register report is not only for generating lists of invoices but can be used to generate lists of invoice that have not been billed.

This is a powerful report for selecting, sorting and reporting your invoices. You may also report invoices that should have claims created, but for some reason, the claim is missing.

If you select to “Include Skill Totals Report”, then the detail of the invoices will be sorted by skill.

SAM > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Invoice Register

DATE RANGE

☒ Invoice Dates **From :** 06/21/2005 **To :** 06/21/2005

☐ Service Dates

☐ Creation Dates

SORT BY

☒ Invoice No

☐ Client, Payer, Invoice

☐ Payer, Client, Invoice

STATES

☒ All

☐ Final

☐ Draft

☐ Transmitted

☐ Not Transmitted

DISPLAY OPTIONS

☒ Include Addresses

☒ Include Header Info

☒ Include Payer List

☒ Include Invoice Details

☒ Include Times

☒ Include Item Adjustments

☒ Include Employee Names

☐ Include Skill Totals Report

☐ Include Only Invoices Missing Claims

SELECT CLIENT/PAYER

Client : ALL

Payer : ALL

☐ Show only DSD Ignore Invoices

Generate **Report Options** **Exit**

Detail Report - Destination : Screen Preview Title : NONE

4:38 PM

View Invoices/Claims

The **View Invoices/Claims** screen lets you view the details of an invoice, print or preview an invoice; and create, view, edit, print or preview a claim associated with the invoice.

Viewing or Printing an Invoice

- To access the **View Invoices and Claims** screen, select menu option AR | View Invoices/Claims.
- The **Invoice Details** screen will be displayed.
- Click the **Find** button.
- Enter **From** and **To** dates of the invoice associated with the claim you want to edit.
- Either select a payer or leave the payer field blank. See the section Printing Invoices for Payers for instruction for selecting a payer.
- Either select a client or leave the client field blank. See the section Printing Invoices for Payers for instruction for selecting a client.
- Select an invoice by double clicking on the invoice in the list OR by clicking on the invoice and then clicking on the **Select** button.

The Adjustment Status column will display “DC” for the invoice if it has had “detail item adjustments completed” to it or “IC” if it has had “invoice adjustments completed”. This means that it is not the current invoice; there is a newer invoice that is a clean correct version.

This column will display “DP” for the invoice if it has “detail item adjustment pending” or “IP” if it has an “invoice adjustment pending”. This means that adjustments have been made for this invoice, but they have not been accepted. .

- The **Invoice Details** screen will be displayed for the selected invoice.

SAM > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Invoice Details

Edit Claim Collection Log

View Cash Applied

Invoice : 0002A02135 Invoice Date : 06/07/2002

Version : 01 ☐ DSO Ignore Service Period : 06/01/2002 to 06/07/2002

Client : Perrault, Brian Invoice Amount : \$515.17

Payer : Blue Cross Blue Shield of Mass Bill Amount : \$515.17

JM 06/12/2002 01:38 PM

Date	Service	Description	Quantity	Rate	Amount
06/01/02	RN		0.50	\$71.00	\$71.00
06/02/02	RN		0.75	\$71.00	\$71.00
06/03/02	RN		0.75	\$71.00	\$71.00
06/04/02	RN		0.50	\$71.00	\$71.00
06/05/02	RN		0.75	\$71.00	\$71.00
06/05/02		Conform Bandage, 3"x4.1Yd St	14.00	\$1.11	\$15.54
06/05/02		Sales Tax	1.00	\$0.52	\$0.52
06/05/02		Gauze, 2x2 4Ply St 2s	14.00	\$0.09	\$1.26
06/05/02		Sales Tax	1.00	\$0.04	\$0.04
06/05/02		Sodium Chloride, 250ml	1.00	\$0.65	\$0.65
06/05/02		Sales Tax	1.00	\$0.16	\$0.16
06/06/02	RN		0.50	\$71.00	\$71.00
06/07/02	RN		0.75	\$71.00	\$71.00

Move to first record 4:46 PM

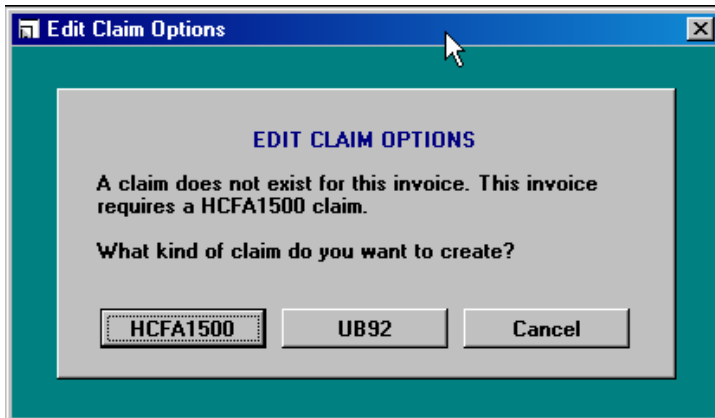
- To preview the actual invoice, click the **Preview** button.
- To print the actual invoice, click the **Print** button.
- To see what cash had been applied to this invoice, press **View Cash Applied** button.
- DSO Ignore – if an invoice has this option marked, the invoice will be ignored in the calculations for DSO (days sales outstanding) and BPSO (best possible days sales outstanding) on the Invoice Aging report. The User logged into SAM must have System Administrator Privileges to set this option.

Viewing, Editing, Creating, or Deleting a Claim for an Invoice

- While viewing an invoice on the **Invoice Details** screen, click the **Edit Claim** button.

In order to assure that critical processes are working with static data, the system will not allow this process if anyone is doing any of the following in the database: Close Week, Calculate Overtime, Create Invoices, Create Automatic Contractuals, Transmit Claims, Make Adjustments (Items, Invoices, Rebills, Reviewing and accepting, etc.), Payroll Export and Updating Visit Rates.

If a claim does not exist for the displayed invoice, the **Claim Options** screen is displayed. This screen notifies you that no claim exists for this invoice and tells you if a claim is required for the invoice, and if so, which kind: UB92 or HCFA1500. Even though an invoice may require one type you may choose to create either type, or cancel. Choose the **UB92** button to create a UB92 claim. Choose the **HCFA1500** button to create a HCFA1500 claim. Choose the **Cancel** button to cancel the claim creation






- If a claim does exist, based on the claim type, either the **Edit UB92 Claim** or the **Edit HCFA1500 Claim** screen set will be displayed.
- Make the necessary edits to the claim and click the **Save** button.

Add UB92 Claim for Wesolowski, Kendra > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

UB92	Insurance	Payer Codes	Clinical Codes	Detail Lines
<div> <div> OFFICE Name : Melbourne Address : 123 Main City : Melbourne St/Zip : FL / 32901- Phone : (321) 779-0101 Corp. Name : HealthCare of Melbourne Fed ID # : 04-2544164 Dept : 0002 </div> <div> INVOICE/DATE 0002A03587 - 01 Dates : 08/31/2002 - 09/06/2002 Days Covered : 7 Not Covered : 0 Coins Days : 0 Life Res Days : 0 Bill Type : 323 </div> </div>				
<div> <div> PATIENT Name : Wesolowski, Kendra Address : Wilbraham Commons Apt 205 -- Building G4 City : Wilbraham St/Zip : MA / 01095- DOB : 10/06/1943 Marital Status : <input type="text"/> Sex : Female Status : 30 Medical Record # : 00002701 </div> <div> EMPLOYER Name : <input type="text"/> Location : <input type="text"/> Status : <input type="text"/> Auth Code : <input type="text"/> </div> </div>				
<div> ADMISSION/DISCHARGE Admit Date/Hr : 02/28/1994 / <input type="text"/> Src : <input type="text"/> Admit Type : <input type="text"/> Dischrg Hr : <input type="text"/> </div>				

Enter the name of the office 8:34 AM

- To preview the claim, click the **Preview**  button.
- To print the claim, click the **Print**  button.
- To delete the claim, click the **Delete**  button.

If you would like to change the claim type, for instance, you no longer want a HCFA 1500 for this invoice; you would instead like a UB92 claim. Simply delete the HCFA 1500 claim, then return to the Invoice Details screen, click the **Edit Claim** button and choose which claim you would like created (HCFA 1500 or UB92.)

Even though this screen may be used to add/change data on a claim, it is NOT recommended that you do so—unless it is your last resort or you are editing a Medicare PPS claim. The information that appears on a claim is generally stored somewhere else in this system. If you can find the source of the data that appears on your claim, fix the data there, instead of on the actual claim. If you fix the data at its source, you will not have to fix each subsequent claim. It is recommended that you use the “Claim Mapping” tables at the end of this document to pinpoint where claim data can be found in this system.

After correcting the data at its source, you should delete the erroneous claim, and then recreate it using the steps described above.

Medicare PPS Claims:

The Claim created for End of Episode (EOE) contains line items for visits and supplies closed at the time the episode is detected to be over.

- PPS billing will default to code 270 for Medicare Supplies. If those supplies are wound care, the claim must be edited and the code for the wound care supplies changed to 623.

Payments and Cash Application

Payments are entries made to represent checks or remittance advices received from payers. Cash application is the term used to describe when cash from a payment is applied to an invoice. The Payment List screen and Edit Payment screen are displayed below.

PAYMENT DATE

Start : 01/01/2002

End : / /

PAYMENT OFFICE / PAYER

Office : Melbourne (0002)

Payer :

Sort By : ☒ Payer ☐ Payment Date ☐ Check/RA No ☐ Only Non-Zero Unallocated Amounts

Payer	Payer Office	Payment Office	Payment Date	Check/RA No	Check Amount	Unallocated Amount	Payment ID	C
A.I.M Mutual Insurance		Melbou	02/14/02	1126221	\$75.41	\$0.00	A00094	
A.I.M Mutual Insurance		Melbou	02/14/02	1126222	\$89.84	\$0.00	A00095	
A.I.M Mutual Insurance		Melbou	03/25/02	1132995	\$1190.00	\$0.00	A00296	
A.I.M Mutual Insurance		Melbou	03/25/02	1133012	\$609.74	\$0.00	A00297	
A.I.M Mutual Insurance		Melbou	04/11/02	1137491	\$529.40	\$0.00	A00406	
A.I.M Mutual Insurance		Melbou	05/06/02	1142705	\$904.92	\$0.00	A00520	
AccessOne Health Care S		Melbou	07/29/02	011787	\$882.00	\$0.00	A00959	
Ace Property and Casualty		Melbou	01/17/02	CN43842479	\$93.00	\$0.00	006886	
Ace Property and Casualty		Melbou	01/17/02	CN43841290	\$93.00	\$0.00	006887	
Ace Property and Casualty		Melbou	01/22/02	CN43878777	\$93.00	\$0.00	006917	
Ace Property and Casualty		Melbou	01/22/02	CN43878762	\$57.50	\$0.00	006918	

Select the desired payment

- You may select a payment to work with from this screen or click on the “**Apply Cash**” button to apply cash from the payment to the invoice.
- The column labeled “C” will have display a “*” if the payment occurs in a Closed Period.

Entering Multiple Payments

- Make sure you are logged into the office to which the payments are to be credited on the bank reconciliation.

When payments are reported by office, the office you are logged into at the time the payment is entered is associated with the payment. If you enter a payment from a national payer that pays for invoices in several offices, it is a good idea to be logged into the headquarters office so you can find the payment later.

- To access the **Edit Payment** screen, select menu option AR | Enter/Apply Payments.
- The **Edit Payment** screen will be displayed.

SAM > Melbourne : GUEST

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Edit Payment

Apply Cash Adjust


PAYMENT SOURCE Identify Payer

Payer :
Payer Office :
Payment ID :
Payment Office :
Status :

PAYMENT DETAILS Update Cash Dates

Payment Date :
Check/RA No : Deposit No :
Check Amount : \$0.00 Comment :
Adjusted Check Amount : \$0.00
Unallocated Amount : \$0.00
Payment Balance : \$0.00

Display list screen to find desired item 10:53 AM

- Click the **New**  button to create a new payment.
- Select the payer who sent the payment (this may be either a payer or a client) by clicking the **Identify Payer** button. The **Identify Payer** screen will be displayed.

Identify Payer > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamIoGo Reports Help




Identify Payer

Name Starts With : Self Pay? Generate
Payer Office : ALL Reset List
Zip :
City : State :
Phone : () -

Payer Name Payer No Payer Office

Select Cancel

Enter first letters of payer name. 8:42 AM


- On the **Identify Payer** screen:
 - You can either type in some or all of the payer's name in the **Name Starts With** field or you can leave the field blank. (In the case of a client, this is the client's last name.)
 - Check the **Self Pay?** check box if you would like to generate a list of clients to choose from.
(You may also specify other information about the payers that you would like in the list.)
 - Click the **Generate** button to generate the list of payers.
 - Select a payer by double clicking on the payer in the list OR by clicking on the payer and then clicking on the **Select** button.
- The **Edit Payment** screen will be redisplayed with the **Payer** and **Payer Office** fields filled in with your selection.
- Enter the date of the payment in the **Payment Date** field (the default is today's date).
- Enter the check or remittance advice number in the **Check/RA No** field.
- Enter the amount of the check or remittance advice in the **Check Amount** field.
- The **Adjusted Check Amount**, **Unallocated Amount**, and **Payment Balance** fields will be filled in for you with the **Check Amount** value entered.
- Enter an optional **Comment**.
- Click the **Save**  button.
- The **Payment ID**, **Payment Office**, and **Status** fields will be filled in for the payment.
- Enter the next payment by clicking the **New**  button and repeating the steps above.
- When you have entered the last payment, click **Exit**  button.
- Clicking the **Update Cash Date** button will change the date on all cash applications for this payment to be equal to the payment date.

Entering a Payment for One Invoice and Applying Cash

- Make sure you are logged into the office to which the payment is to be credited on the bank reconciliation.

When payments are reported by office the office you are logged into at the time the payment is entered is associated with the payment. If you enter a payment from a national payer that pays for invoices in several offices it is a good idea to be logged into the headquarters office so you can find the payment later.

- To access the **Edit Payment** screen, select menu option AR | Enter/Apply Payments.
- The **Edit Payment** screen will be displayed.
- Click the **New** button to create a new payment.
- Select the payer who sent the payment (this may be either a payer or a client) by clicking the **Identify Payer** button. The **Identify Payer** screen will be displayed.
- On the **Identify Payer** screen:
 - You can either type in some or all of the payer's name in the **Name Starts With** field or you can leave the field blank. (In the case of a client, this is the client's last name.)

- Check the **Self Pay?** check box if you would like to generate a list of clients to choose from.
- (You may also specify other information about the payers that you would like in the list
- Click the **Generate** button to generate the list of payers.
- Select a payer by double clicking on the payer in the list OR by clicking on the payer and then clicking on the **Select** button.
- The **Edit Payment** screen will be redisplayed with the **Payer** and **Payer Office** fields filled in with your selection.
- Enter the date of the payment in the **Payment Date** field (the default is today's date).
- Enter the check or remittance advice number in the **Check/RA No** field.
- Enter the amount of the check or remittance advice in the **Check Amount** field.
- Enter the **Deposit No** of the check if applicable.
- The **Adjusted Check Amount**, **Unallocated Amount**, and **Payment Balance** fields will be filled in for you with the **Check Amount** value entered.
- Click the **Save**  button.
- The **Payment ID**, **Payment Office**, and **Status** fields will be filled in for the payment.
- Click the **Apply Cash** button to display the **Apply Cash to Invoice** screen.
- Click the **Add** button on the **Apply Cash to Invoice** screen.

- On this screen you can sort the invoices listed by clicking on the “**Invoice No**” or “**Client Name**” buttons.
- The column labeled “**C**” will have display a “*” if the cash application occurs in a Closed Period.

- Enter the invoice number of the invoice you would like to apply cash to in the **Invoice No** field; or you may select the invoice number by clicking on the **Invoice List** or **Identify Invoice** buttons.
- The **Invoice List** button displays a screen from which you can select the invoice from a generated list of invoices. (You may also select multiple invoices at one time from this list.)

Apply Cash Invoice Selection List > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Apply Cash Invoice Selection List

DATES

Start : / /

End : / /

☒ Invoice Dates

☐ Service Dates

PAYER/CLIENT

Payer : A.I.M Mutual Insurance

Client :

Office : ALL

☒ Only Non-Zero Net Due Amounts

ORDER BY

☒ Invoice

☐ Client

Invoice No	Payer Name	Client Name	Invoice Date	Service Dates	Invoice Amount	Net Due Amount
------------	------------	-------------	--------------	---------------	----------------	----------------

Enter Start Date of Invoice Dates or Service Dates to appear in the list

8:49 AM

The **Identify Invoice** button displays a screen from which you can select the invoice once you have seen the details of the invoice.

The screenshot shows the 'Invoice List' window for 'Melbourne : GUEST'. It includes a menu bar (File, Administration, Schedule, AR, Configuration, Maintenance, Login, SamIoGo, Reports, Help) and a toolbar with 'Generate' and 'Reset List' buttons. The window is divided into three main sections: 'SELECTION CRITERIA', 'INVOICE STATES', and 'ORDER BY'.

SELECTION CRITERIA:

- From: 01/01/2002
- To: / /
- Office: ALL
- Payer: A.I.M Mutual Insurance
- Client:

INVOICE STATES:

- ☒ All
- ☐ Ready
- ☐ Suspended
- ☐ Draft
- ☐ Final
- ☐ Not Transmitted

ORDER BY:

- ☒ Invoice
- ☐ Client

Table of Invoices:

R	F	T	Invoice Number	Client Name	Payer Name	Invoice Amount	Invoice Date	Service Dates	Adjust Status
*			0002A00226	DeForge, Pearl	A.I.M Mutual Insurance	\$609.74	02/08/02	02/05-02/08	IC
*	*		0002A00322	DeForge, Pearl	A.I.M Mutual Insurance	\$1190.00	02/15/02	02/09-02/15	
*	*		0002A00442	DeForge, Pearl	A.I.M Mutual Insurance	\$1020.00	02/22/02	02/16-02/22	
*	*		0002A00550	DeForge, Pearl	A.I.M Mutual Insurance	\$596.53	03/01/02	02/23-03/01	
*	*		0002A03383	Lockhart, Susan	A.I.M Mutual Insurance	\$93.94	08/23/02	08/18-08/18	
*	*		0002A03513	Lockhart, Susan	A.I.M Mutual Insurance	\$85.00	08/30/02	08/26-08/26	

Buttons: Select, Cancel

Status bar: Select the desired item 8:50 AM

- The **Cash Applied** field will be filled in with the maximum amount that can be applied to the invoice that is available from the payment. Press the tab key to accept the default value.

Apply Cash to Invoice > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help



Apply Cash to Invoice

Payer : A.I.M Mutual Insurance Adjusted Check Amount : \$2,000.00
 Check/RA No : 1022 Unallocated Amount : \$1,915.00 Payment ID : A01273
 Check Amount : \$2,000.00 Payment Balance : \$2,000.00 Payment Office : Melbou

Invoice No	Client Name	Invoice Date	Invoice Amount	Net Due Amount	Cash Applied	Date	C
0002A03513	Lockhart, Susan	08/30/02	\$85.00	\$0.00	\$85.00	06/22/05	

Invoice No : 0002A03513 Invoice List Identify Invoices Add Remove
 Cash Applied : \$85.00 Date : 06/22/2005 Update List
 Comment : Cancel

Select record to edit 8:51 AM

- The **Date** field will be filled in with the Payment Date. Press the tab key to accept the default date.
- The **Comment** field may be filled in with any information desired. This field is optional. Information in this field will show on the aging report if you select to include payment information. If an invoice is short-paid and you want to record what wasn't paid and why, use this field.
- Click the **Update List** button to see the new cash application item displayed in the list.
- Click the **Save**  button to save the changes.
- Click the **Exit**  button.


If the invoice number you enter in the **Invoice No** field on the **Apply Cash to Invoice** screen does not exist, you will be given a message that the invoice number is invalid.

Entering a Payment for Multiple Invoices and Applying Cash

- Make sure you are logged into the office to which the payment is to be credited on the bank reconciliation.


When payments are reported on by office, the office you are logged into at the time the payment is entered is associated with the payment.
 If you enter a payment from a national payer that pays for invoices in several offices, it is a good idea to be logged into the headquarters office so you can find the payment later.

- To access the **Edit Payment** screen, select menu option AR | Enter/Apply Payments.
- The **Edit Payment** screen will be displayed.

- Click the **New**  button to create a new payment.
- Select the payer who sent the payment (this may be either a payer or a client) by clicking the **Identify Payer** button. The **Identify Payer** screen will be displayed.
- On the **Identify Payer** screen:
 - You can either type in some or all of the payer's name in the **Name Starts With** field or you can leave the field blank. (In the case of a client, this is the client's last name.)
 - Check the **Self Pay?** check box if you would like to generate a list of clients to choose from.
(You may also specify other information about the payers that you would like in the list)
 - Click the **Generate** button to generate the list of payers.
 - Select a payer by double clicking on the payer in the list OR by clicking on the payer and then clicking on the **Select** button.
- The **Edit Payment** screen will be redisplayed with the **Payer** and **Payer Office** fields filled in with your selection.
- Enter the date of the payment in the **Payment Date** field (the default is today's date).
- Enter the check or remittance advice number in the **Check/RA No** field.
- Enter the amount of the check or remittance advice in the **Check Amount** field.
- The **Adjusted Check Amount**, **Unallocated Amount**, and **Payment Balance** fields will be filled in for you with the **Check Amount** value entered.
- Click the **Save** button.
- The **Payment ID**, **Payment Office**, and **Status** fields will be filled in for the payment.
- Click the **Apply Cash** button to display the **Apply Cash to Invoice** screen.
- Click the **Add** button on the **Apply Cash to Invoice** screen.





Based on information provided on a check or remittance advice, you can select invoices to apply cash to by using the **Invoice List** button or the **Identify Invoices** button.

If the remittance advice contains any of the following fields, click on the Invoice List button (invoice number, client name, invoice date, service dates, or invoice amount)

- On the **Apply Cash to Invoice Selection List** screen, click either the **Invoice Dates** or **Service Dates** option based on the information on the remittance advice.
- Enter **Start** and **End** dates.
- If the remittance is for just one client, select the client.
- Click the **Generate** button.
- Select the invoice you want to apply cash to. To select multiple invoices, control-click on each invoice or shift-click on the first and last invoice.
- Click the **Select** button.
- The **Apply Cash to Invoice** screen will be redisplayed. Review all of the cash application items now displayed in the list for the selected invoices for correctness. The **Cash Applied** column will be filled in with the maximum amount that can be applied to each invoice that is available from the payment. You may change the **Cash Applied** amount on any of these invoices at this time.
- Click the **Save**  button to save the information in the list once it is correct. The **Unallocated Amount** for the payment is automatically adjusted.

- Click the **Exit**  button.

If the remittance advice contains very little information and you need very detailed information to determine which invoice the remittance applies to, click on the Identify Invoices button.

- On the **Invoice Details** screen, click the **Find**  button.
- Enter **Start** and **End** dates.
- If the remittance is for just one client, select the client.
- Click the **Generate** button.
- Select the invoice you want may want to apply cash to.
- Click the **Select** button.
- On the **Invoice Details** screen, look at the invoice line items to determine if this is the correct invoice to apply cash to. If this is the correct invoice, click the **Apply Cash** button.
- The **Apply Cash to Invoice** screen will be redisplayed. Review the new cash application item now displayed in the list for the selected invoice for correctness. The **Cash Applied** column will be filled in with the maximum amount that can be applied to the invoice that is available from the payment. You may change the **Cash Applied** amount on the invoice at this time.
- Click the **Save**  button to apply cash to the selected invoice. The **Unallocated Amount** for the payment is automatically adjusted.
- Repeat as necessary.
- Click the **Save**  button.
- Click the **Exit**  button.

Payment and Cash Applications and Adjustments for Medicare PPS

1. When you get a remittance, add that as a payment in SAM and record the “EFT #”, “Check #” or “Remit #” as the payment number.
2. If there is a payment for a RAP, apply the cash to the RAP invoice.
3. If there is a recoup for a RAP, apply a negative cash application to the RAP invoice AND adjust the RAP service item to 0.
4. If there is a payment for an EOE, (at this point it should be payment for the entire episode) 1) apply the cash to the EOE invoice and then 2) adjust the EOE service item to match the amount paid for the EOE.

If you follow these steps for Medicare remittance, you should be able to balance to each of your remittance.

Payment Log and Bank Reconciliation

- To access the **Payment Log** screen, select menu option Reports.
- The **Select Report** screen will be displayed.
- Click the **Accounts Receivable** option.
- Select the **Payment Log** report and click the **Proceed** button.

- The **Payment Log** screen will be displayed.
- Enter the **From** and **To** payment dates (this is the Payment Date entered when the payments were created; or leave the fields blank for all payments regardless of date.)
- Select the appropriate sort criteria.
- Select the **Office** for the payment (this is the office logged into when the payments were created; or select “ALL” for all offices.)
- Make sure the **Payment Log** print option is selected.
- Click the **Generate** button.

This report can be used to reconcile the deposits made to your bank account. The Payment Log report shows only the payments credited to the office for which the report is selected. If you enter a payment from a national payer who pays for invoices in several offices, it is a good idea to be logged into the headquarters office so you can find the payment later. But don't despair. On the payment screen, you can ask to see payments for all offices. That way, you can find your payment by payer name and payment date.

The Payment Log may also be generated for a specific payer:

- Select “ALL” in the **Office** combo box.
- Click the **Select Self Pay** button if the payer you wish to select is a client.
 - The **Select Client** screen will be displayed.
 - Generate the list and select the desired client.
 - The client’s name will appear in the **Payer** field on the **Payment Log** screen.
- Click the **Select Payer** button if the payer you wish to select is a payer.
 - The **Select Payer** screen will be displayed.
 - Generate the list and select the desired payer. To select multiple contiguous payers, click on the first payer and then while holding down the Shift key, click on the last payer then click the **OK** button. To select multiple non-contiguous payers, hold down the Ctrl key and click on each payer, then click the **OK** button.
 - The payer’s name will appear in the **Payer** field on the **Payment Log** screen.
- If you wish to create the Payment Log for payments only associated with a specific office for the selected payer, change the **Office** combo box to display the office name.
- Make sure the **Payment Log** print option is selected.
- Click the **Generate** button.

Payment Cash Application Report Option on Payment Log screen

A Payment Cash Application Report may be generated using the **Payment Log** screen.

This option produces a report of cash applied for payments depending on the selection criteria.

On the **Payment Log** screen:

- Enter the **From** and **To** cash application dates (this is the Date entered when the cash application record was created; or leave the fields blank for all cash application records regardless of date.)
- Select the appropriate sort criteria.
- **Note:** when the **Payment Cash Application Report** print option is selected, the sort criteria “Invoice No” becomes enabled. This sort is useful when trying to identify what cash has been applied to a specific invoice.
- Select the **Office** for the cash application records (this is the office associated with the invoices the cash was applied to; or select “ALL” for all offices.)
- Make sure the **Payment Cash Application Report** print option is selected.
- Click the **Generate** button.

The Payment Cash Application Report may also be generated for a specific payer as described above for the Payment Log.

Payment Adjustments Report Option on Payment Log screen

A Payment Adjustments Report may be generated using the **Payment Log** screen.

This option produces a report of payment adjustments and refunds for payments depending on the selection criteria.

On the **Payment Log** screen:

- Enter the **From** and **To** adjustment dates (this is the Date entered when the adjustment record was created; or leave the fields blank for all adjustment records regardless of date.)
- Select the appropriate sort criteria.
- Select the **Office** for the adjustment records ((this is the office logged into when the payments were created; or select “ALL” for all offices.)
- Make sure the **Payment Adjustments Report** print option is selected.
- Click the **Generate** button.

The Payment Adjustments Report may also be generated for a specific payer as described above for the Payment Log.

Logging Collection Comments (at the Invoice Level)

- To access the **Edit Collection Log** screen, select menu option AR | View Invoices and Claims.
- The **Invoice Details** screen will be displayed.
- On the **Invoice Details** screen, click the **Find** button.
- Enter **Start** and **End** dates.
- Either select a payer or leave the payer field blank. See the Printing Invoices for Payers section for instruction for selecting a payer.
- Either select a client or leave the client field blank. See the Printing Invoices for Payers section for instruction for selecting a client.
- Click the **Generate** button.
- Select the invoice on which you want to place the comment.
- Click the **Collection Log** button.

Edit Collection Log > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Invoice Details

Edit Claim Collection Log

View Cash Applied

Edit Collection Log

Office: Melbourne (0002)
Payer: Medicaid (7147)
Client: Squire, Arlene (000001-02)
Invoice No: 0002A03577
Create Date: 06/22/2005 08:59 AM



Spoke w/Elizabeth who said claim will be processed

DATE	TIME	AMOUNT	TOTAL	PAID
09/05/02	RN	0.25	\$85.00	\$85.00
09/06/02	RN	0.25	\$85.00	\$85.00
09/06/02	RN	0.25	\$85.00	\$85.00



A log of the account activity for this invoice (right-click/F2 to zoom) 9:00 AM

- The last collection log that was entered for the invoice will be displayed.



Add a Collection Log

- To add a new collection log, click the **New**  button. You can right click on the white space to enlarge the memo entry area as shown above. Click inside the large white text window and type in the comment. This window works like any standard word processor.
- Click the **Save**  button.
- Each collection log is saved as a unique log entry along with the creation date and time. These logs may optionally be printed on the Invoice Aging report.

Modify a Collection Log

- To modify a collection log, click the **Find**  button. A Log List screen will be displayed of all of the collection logs for the current invoice. Click on the collection log you wish to modify and click the **Select** button.
- You can right click on the white space to enlarge the memo entry area as shown above. Click inside the large white text window and type in the comment. This window works like any standard word processor.
- Click the **Save**  button.
- Each collection log is saved as a unique log entry along with the creation date and time. These logs may optionally be printed on the Invoice Aging report.

Delete a Collection Log

- To delete a collection log, click the **Find**  button. A Log List screen will be displayed of all of the collection logs for the current invoice. Click on the collection log you wish to delete and click the **Select** button.
- Once the collection log you wish to delete is displayed, click the **Delete**  button and answer Yes to the prompt “Are you sure you want to delete this log?”

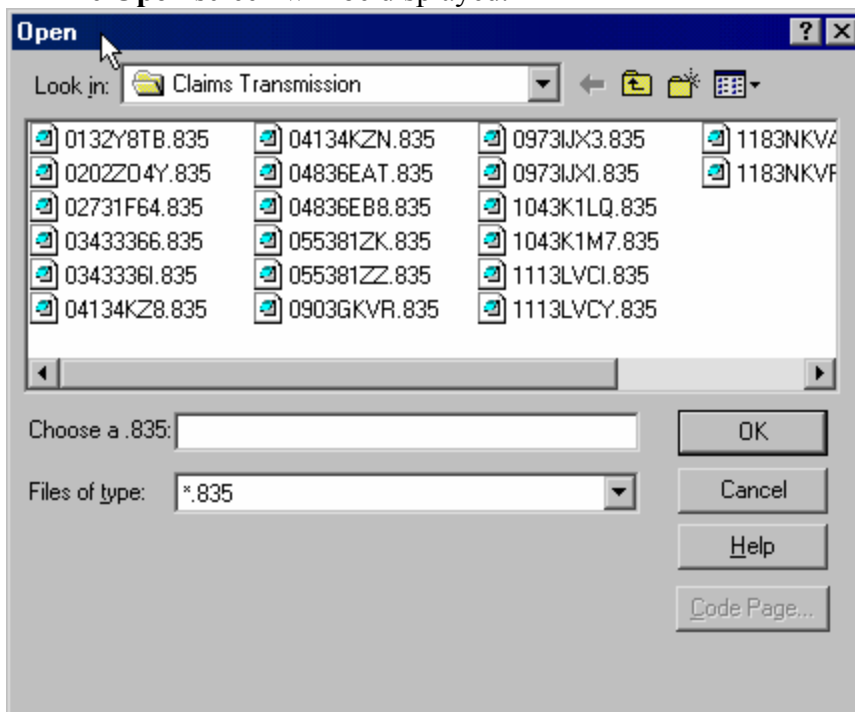
Logging Collection Comments (at the Account Level)

See the Account Log screen

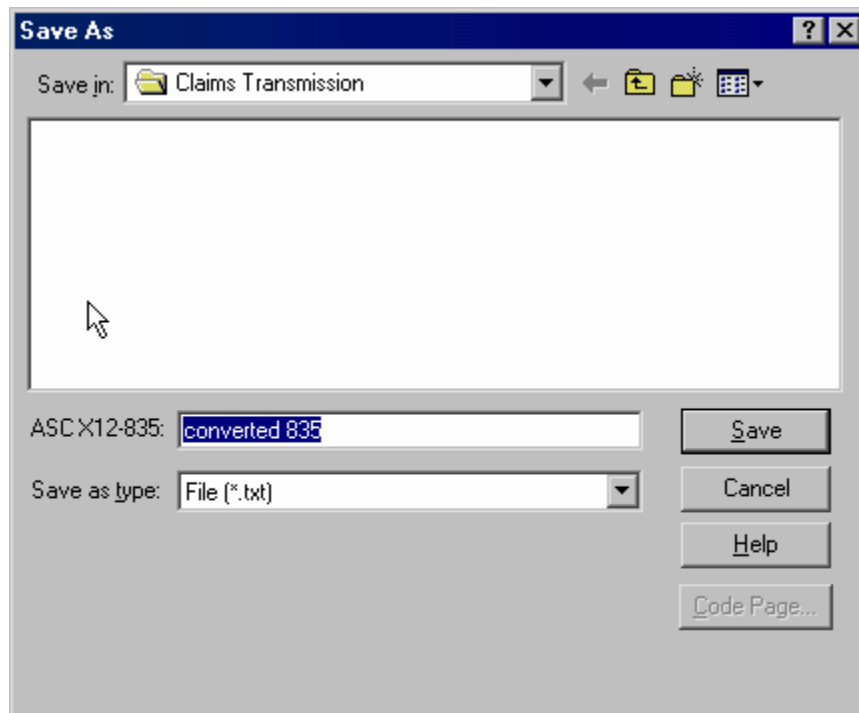
Apply Cash via 835

This option will read from electronic R&S reports and EOB's from the Texas Department of Human Service to automatically create the payment cash application records in this system.

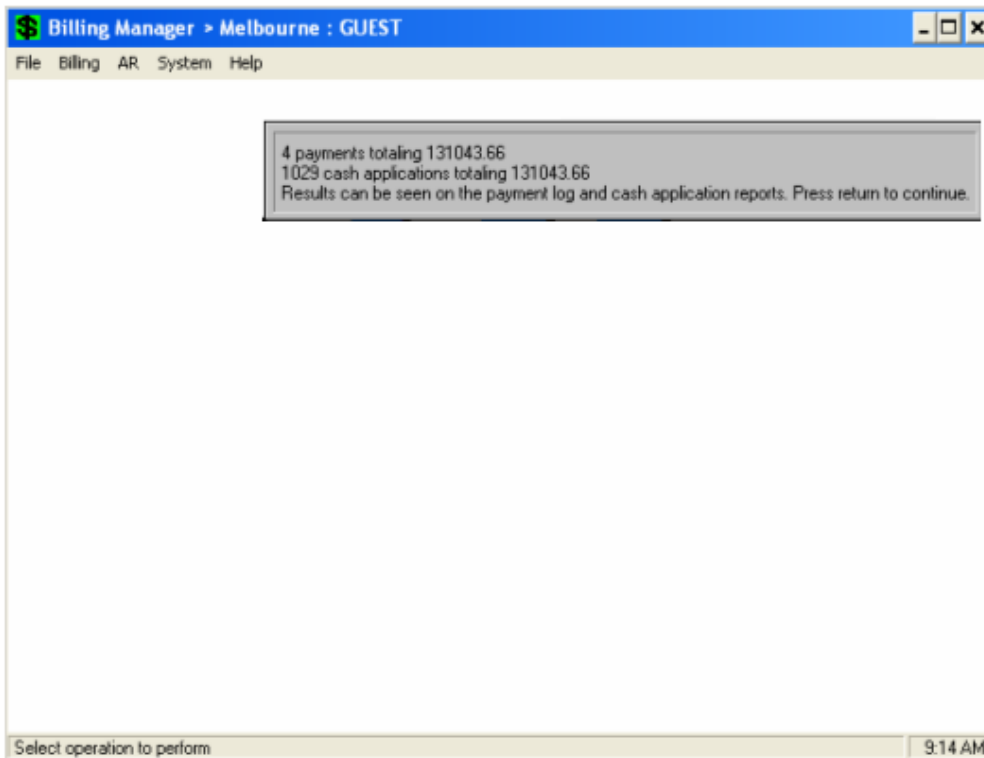
- To access the **835 Automatic Cash Application** screen, select menu option AR | Apply Cash via 835.
- The **Open** screen will be displayed.



- This screen will default to look for the 835 files in the N:\Claims Transmission folder. If the files exist in a different folder, use the “Look In” drop down to select the correct folder. Then click on the filename of the 835 that you would like to import and press the **OK** button.
- The **Save As** screen will be displayed.



- This screen will default to save the results file in the N:\Claims Transmission folder. If you would like to save the file in a different folder, use the “Look In” drop down to select the correct folder. Then enter the filename you would like for the result file or leave the default name, and press the **OK** button.
- The import will process the 835 file and display the results of the process.



- In the example above, the import has created 4 new payments and 1029 cash applications totaling \$131,043.66. The payment and cash application dates will be set to the date this process was run.
- The results file will contain detailed information on what payments and cash application were created in this system. Both the payment and cash applications will have the comment "Auto Added."

Users Manual

CONVERTED 835.TXT - WordPad																																																																																																																																																								
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<div> <div>ASC X12-835 Claims R&S File</div> <div> <div>Submitter ID 945347164</div> <div>*****</div> <div> Warrants are included in this reporting period. Total Amount of Warrants \$131043.66 </div> <div> R&S Report Number 20010119 R&S Report Start Date 01/12/2001 R&S Report End Date 01/19/2001 Production Run Date 01/19/2001 Provider Number 000089200 </div> <div> Provider Number 000089200 1st Warrant Number DD5723196 Warrant Date 01/12/2001 Warrant Status Direct Deposit Warrant Amount \$17906.29 </div> <div> <table> <tr> <th>Client Name</th><th>Invoice ID</th><th>Grp</th><th>Billed</th><th>Paid</th><th>From</th><th>To</th><th>EOB</th><th>Insurance ID</th></tr> <tr><td>ADAME, GUADALUPE</td><td>0014A08951</td><td>PHC</td><td>8.56</td><td>8.56</td><td>12/28/00</td><td>12/28/00</td><td>PD</td><td>519623473</td></tr> <tr><td>ALEMAN, MARIANO</td><td>0014A08925</td><td>PHC</td><td>94.16</td><td>94.16</td><td>12/25/00</td><td>12/29/00</td><td>PD</td><td>503977728</td></tr> <tr><td>ALVAREZ, LILIA</td><td>0014A08861</td><td>PHC</td><td>111.28</td><td>111.28</td><td>12/25/00</td><td>12/29/00</td><td>PD</td><td>509866023</td></tr> <tr><td>ANDERSON, BOBBIE</td><td>0014A08959</td><td>PHC</td><td>85.60</td><td>85.60</td><td>12/25/00</td><td>12/28/00</td><td>PD</td><td>509410312</td></tr> <tr><td>ANTHONY, GILBERT</td><td>0014A09009</td><td>PHC</td><td>96.30</td><td>96.30</td><td>12/26/00</td><td>12/29/00</td><td>PD</td><td>518292174</td></tr> <tr><td>ARELLANO, REYES</td><td>0014A08862</td><td>PHC</td><td>98.44</td><td>98.44</td><td>12/25/00</td><td>12/29/00</td><td>PD</td><td>518326109</td></tr> <tr><td>ARREDONDO, VICTO</td><td>0014A08960</td><td>PHC</td><td>102.72</td><td>102.72</td><td>12/25/00</td><td>12/29/00</td><td>PD</td><td>506958538</td></tr> <tr><td>ARRINGTON, WILLI</td><td>0014A08863</td><td>PHC</td><td>42.80</td><td>42.80</td><td>12/27/00</td><td>12/29/00</td><td>PD</td><td>508128457</td></tr> <tr><td>ATKIN, BENNE</td><td>0014A08907</td><td>PHC</td><td>94.16</td><td>94.16</td><td>12/25/00</td><td>12/29/00</td><td>PD</td><td>516946739</td></tr> <tr><td>AVILA, LUPE</td><td>0014A08961</td><td>PHC</td><td>119.84</td><td>119.84</td><td>12/25/00</td><td>12/30/00</td><td>PD</td><td>505244395</td></tr> <tr><td>BARBER, ALTHEA</td><td>0014A09022</td><td>PHC</td><td>149.80</td><td>149.80</td><td>12/25/00</td><td>12/29/00</td><td>PD</td><td>500449999</td></tr> <tr><td>BENAVIDES, CARME</td><td>0014A09031</td><td>PHC</td><td>68.48</td><td>68.48</td><td>12/25/00</td><td>12/28/00</td><td>PD</td><td>238629801</td></tr> <tr><td>BOTELLO, JANIE</td><td>0014A08864</td><td>PHC</td><td>154.08</td><td>154.08</td><td>12/25/00</td><td>12/29/00</td><td>PD</td><td>516379240</td></tr> <tr><td>BRAVO, VICENTE</td><td>0014A08865</td><td>PHC</td><td>158.36</td><td>158.36</td><td>12/25/00</td><td>12/31/00</td><td>PD</td><td>518181146</td></tr> <tr><td>BROWN, LUCY</td><td>0014A08866</td><td>PHC</td><td>112.84</td><td>112.84</td><td>12/25/00</td><td>12/28/00</td><td>PD</td><td>508111888</td></tr> </table> </div> </div> </div>									Client Name	Invoice ID	Grp	Billed	Paid	From	To	EOB	Insurance ID	ADAME, GUADALUPE	0014A08951	PHC	8.56	8.56	12/28/00	12/28/00	PD	519623473	ALEMAN, MARIANO	0014A08925	PHC	94.16	94.16	12/25/00	12/29/00	PD	503977728	ALVAREZ, LILIA	0014A08861	PHC	111.28	111.28	12/25/00	12/29/00	PD	509866023	ANDERSON, BOBBIE	0014A08959	PHC	85.60	85.60	12/25/00	12/28/00	PD	509410312	ANTHONY, GILBERT	0014A09009	PHC	96.30	96.30	12/26/00	12/29/00	PD	518292174	ARELLANO, REYES	0014A08862	PHC	98.44	98.44	12/25/00	12/29/00	PD	518326109	ARREDONDO, VICTO	0014A08960	PHC	102.72	102.72	12/25/00	12/29/00	PD	506958538	ARRINGTON, WILLI	0014A08863	PHC	42.80	42.80	12/27/00	12/29/00	PD	508128457	ATKIN, BENNE	0014A08907	PHC	94.16	94.16	12/25/00	12/29/00	PD	516946739	AVILA, LUPE	0014A08961	PHC	119.84	119.84	12/25/00	12/30/00	PD	505244395	BARBER, ALTHEA	0014A09022	PHC	149.80	149.80	12/25/00	12/29/00	PD	500449999	BENAVIDES, CARME	0014A09031	PHC	68.48	68.48	12/25/00	12/28/00	PD	238629801	BOTELLO, JANIE	0014A08864	PHC	154.08	154.08	12/25/00	12/29/00	PD	516379240	BRAVO, VICENTE	0014A08865	PHC	158.36	158.36	12/25/00	12/31/00	PD	518181146	BROWN, LUCY	0014A08866	PHC	112.84	112.84	12/25/00	12/28/00	PD	508111888
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For Help, press F1																																																																																																																																																								

Payment Adjustments

Once a payment is closed by the closed period function, it cannot be changed. However, closed and non-closed payments may be adjusted. There are two types of adjustment – adjustment of payment check amounts and refunds. If an error was made when the payment was originally entered, the check amount of the payment can be changed using an adjustment. A refund adjustment is entered when part of the original payment is to be refunded to the payer. The **Adjust Payment** function is available via the **Adjust** button the **Edit Payment** screen.

Adjust Payment > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Adjust Payment

Payer : A.I.M Mutual Insurance Adjusted Check Amount : \$10.00

Check/RA No : 1022 Unallocated Amount : \$10.00 Payment ID : A01273

Check Amount : \$2,000.00 Payment Balance : \$10.00 Payment Office : Melbou

Type	Amount	Date	Comment	C
Adjustment	\$10.00	06/22/05		

Type : Adjustment
Adjusted Check Amount : \$10.00
Date : 06/22/2005
Comment :

Add Remove Update List Cancel

Select the type of payment adjustment 9:08 AM

Entering a Fix to a Payment Check Amount

If the check amount of a payment was entered in error, it can be “fixed” after the payment is closed by creating a payment adjustment of the type “Adjustment” and entering the correct check amount.

- On the **Edit Payment** screen, display the payment whose check amount is to be adjusted.

Edit Adjust Payment > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Edit Adjust Payment

Payer : A.I.M Mutual Insurance Adjusted Check Amount : \$1,500.00

Check/RA No : 1022 Unallocated Amount : \$1,500.00 Payment ID : A01273

Check Amount : \$2,000.00 Payment Balance : \$1,500.00 Payment Office : Melbou

Type	Amount	Date	Comment	C
Adjustment	\$1500.00	06/22/05		



Type : Adjustment Add Remove

Adjusted Check Amount : \$1,500.00 Date : 06/22/2005 Update List Cancel

Comment :

GUE 06/22/2005 09:25 AM

Select record to edit 9:25 AM

- Click the **Adjust** button on the **Edit Payment** screen to display the **Apply Payment** screen.
- Click the **Add** button on the **Adjust Payment** screen.
- Select the **Type** of “Adjustment”.
- Enter the correct check amount for the payment in the **Adjusted Check Amount** field.
(Note: The adjusted check amount cannot be less than the amount already allocated from the payment.)
- Enter the date of the adjustment in the **Date** field (the default is today’s date).
- Enter a comment in the **Comment** field if desired (this comment appears on the Payment Adjustment Report).
- Click the **Update List** button to see the new adjustment item displayed in the list.
- Click the **Save**  button to save the changes.
- Click the **Exit**  button.

Entering a Refund of a Payment

If all or a portion of a payment is to be refunded to a payer after a payment is closed, the refund amount can be entered by creating a payment adjustment of the type “Refund”. In this way, the total payment balance from the payer can be maintained.

- On the **Edit Payment** screen, display the payment whose portion of is to be refunded.

Edit Adjust Payment > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Edit Adjust Payment

Payer : Ace Property and Casualty Adjusted Check Amount : \$193.75

Check/RA No : CN45302569 Unallocated Amount : \$25.75 Payment ID : A01238

Check Amount : \$193.75 Payment Balance : \$118.75 Payment Office : Melbou

Type	Amount	Date	Comment	C
Refund	\$75.00	06/22/05		



Type : Refund ☒ AP Check Written Add Remove

Refund Amount : \$75.00 Date : 06/22/2005 Update List

Comment : Cancel

QUE 06/22/2005 09:26 AM

Select record to edit 9:26 AM

- Click the **Adjust** button on the **Edit Payment** screen to display the **Apply Payment** screen.
- Click the **Add** button on the **Adjust Payment** screen.
- Select the **Type** of “Refund”.
- Check the **AP Check Written** checkbox if a refund check has been written from Accounts Payable.
- Enter the amount of the payment to be refunded the **Refund Amount** field. (Note: The refund amount cannot be greater than the unallocated amount of the payment.)
- Enter the date of the adjustment in the **Date** field (the default is today’s date).
- Enter a comment in the **Comment** field if desired (this comment appears on the Payment Adjustments Report).
- Click the **Update List** button to see the new adjustment item displayed in the list.
- Click the **Save**  button to save the changes.
- Click the **Exit**  button.

Determining Which Refunds Have Had AP Checks Written

When a check is written to refund a payment to a payer from the accounts payable system, you can track this by checking the “AP Check Written” checkbox on the **Adjust Payment** screen for the associated refund payment adjustment. This information will be included on the Payment Adjustments Report. In this way, you can track what refunds entered during a period of time have been processed via accounts payable.

Recouping a Payment

When a payer is over-billed and sends a remittance advice with instructions of how to apply the overage to some other invoice on its account, the process is called a recoup.

Recouping is done in two steps: first cash is un-applied from the invoice that was incorrectly billed to the payer. Then, the new unallocated cash is applied according to the directions on the remittance advice. The side effect of a recoup is that there is now an invoice that does not have cash applied to it. This invoice must be re-billed to the appropriate payer.

Tracking Receivables

There are many tools specifically designed to make tracking an agency’s receivables a simple, straightforward process. The invoice aging report, the account log screen, and the statement report all work together to provide an agency with a clear picture, both at the detail and summary level, of what is owed and what has been paid to an agency.

Invoice Aging Report

Invoice Aging Report

SELECTION ATTRIBUTES

Office : **ALL**

Payer Info : **Select**

(All Classes, Payers, Programs)

Client : **ALL**

Client Status: **ALL**

☒ Invoices with balances ONLY

☒ Age Invoice Date ☐ Age Creation Date

AGING BUCKETS

Age as of: **06/22/2005**

Period 1 End : 30

Period 2 End : 60

Period 3 End : 90

Period 4 End : 120

Period 5 End : 150

Period 6 End : 180

DAYS SALES OUTSTANDING (DSO)

Period Credit Sales includes invoices between...

03/18/2005 and **06/17/2005**

ONLY SHOW CLIENT(S) / PAYER(S) WHO...

☒ Have any balance

☐ Have balance older than period 1

☐ Have balance older than period 2

☐ Have balance older than period 3

☐ Have balance older than period 4

☐ Have balance older than period 5

☐ Have balance older than period 6

AND BALANCE IS OVER... **0.00**

PRINT OPTIONS

☒ Payment Information

☒ Collection Logs

☒ Account Logs

☒ Adjustments

☒ Orig Amt & Service, Creation and Last Xmit dates

Show Logs From : / /

SORT BY

☒ Office, Class, Payer, Client

☐ Office, Client, Payer

☐ Office, Class, Payer Summary

Generate **Report Options** **Exit**

Detail Report - Destination: Screen Preview Title: NONE

Invoice Aging

- To access the **Invoice Aging Report** screen, select menu option Reports.
- The **Select Report** screen will be displayed.

- Click the Application Group **Billing**.
- Click the **Accounts Receivable** option.
- Click the **Invoice Aging Report**.
- Click the **Proceed** button.
- Select all or one office, all or one payer class, all or one payer, all or one client.
- Select whether you want **invoices with balances only** to be the only invoices printed. If more than the opened invoices are to be reported, you must specify the oldest invoice you want on the report.
- Select whether you want the invoices to be aged based on the date that the invoice was created (**Age Creation Date**) or the end of the billing period's week for the invoice (**Age Invoice Date**.)
- Select the appropriate PRINT option – collection logs are kept at the invoice level and account logs on maintained on client, payer, or client-payer basis. Input a date that you want to “Show Logs From.” You may also optionally include adjustments, the original amount & service, creation and last transmitted dates.
- Select the appropriate **SORT BY** option.
- Select the day you want to age by – this default to today.
- Enter the number of days in each aging bucket if the default values are not appropriate.
- The Invoice Aging report by payer will report a Best Possible Days Sales Outstanding value in addition to the Days Sales Outstanding (DSO) value. Enter a date range used to calculate the “period days”. This date range will default to the last 13 weeks ending with the last week ending date. You may optionally change this date range. The following is the calculation for both values:

(Days Sales Outstanding) $DSO = \text{Total AR} / (\text{period sales} / \text{period days})$
 (Best Possible Day Outstanding) $BPDSO = \text{Period AR} / (\text{period sales} / \text{period days})$

DSO Ignore – if an invoice has this option marked, the invoice will be ignored in the calculations for DSO (days sales outstanding) and BPSO (best possible days sales outstanding) on the Invoice Aging report.

- You may also optionally filter to only those clients or payers based on their balance.
- Click the **Generate** button.

In order to choose a client, one office must be selected. If a payer class is selected, you may not select a payer or client. If you choose all offices, only the national payers are selectable. SORT BY Office, Class, Payer, and Client will give you a payer based aging. SORT BY Office, Client, and Payer will give you a client based aging.

Generating Statements

Statement can be generated for a client showing all invoices, adjustments, and payments for the client, regardless of payer. Statements can be generated for a payer showing all invoices, adjustments, and payments for the payer.

The screenshot shows a window titled "Statements" with a close button. Inside, the "STATEMENT OPTIONS" section contains the following controls:

- Client:** A dropdown menu with "ALL" selected.
- Payer:** A dropdown menu with "ALL" selected.
- Invoice Dates:** Two date pickers, each showing "///".
- Return Address:** Two radio buttons: "Lock Box Address" (selected) and "Office Address".
- Mailing Address:** Two radio buttons: "Payer Address" (selected) and "Client Address".
- Statement Memo:** A large text area with a vertical scrollbar and a cursor.
- Checkboxes:**
 - ☒ Only show invoices with non-zero balances
 - ☐ Consolidate statements by payer
 - ☐ Show Un-Allocated Cash

At the bottom are three buttons: "Generate", "Report Options", and "Exit". Below the buttons, a status bar displays: "Detail Report - Destination : Screen Preview Title : NONE".

Statements

- To access the **Statements Report** screen, select menu option Reports.
- The **Select Report** screen will be displayed.
- Click the Application Group **Billing**.
- Click the **Accounts Receivable** option.
- Click the **Statements** report name.
- Click the **Proceed** button.
- To print statements for self-pay clients, select ALL clients and Self-Pay payer.
- To print a statement for a payer, select the payer.
- To print statements for all payers, select ALL payers.
- Click the **Generate** button.

The Account Log Screen

The account log screen gives an on-line look at all accounts across all offices for an agency. It is an instant reference and documentation tool for users performing collection duties. From the detail screen, a statement for the account being viewed can be printed in the standard statement format. Note that Creating Medicare PPS invoices will place PPS information in the account log comment field for each patient.

To access the **Account Log** screen, select menu option AR | Account Log.

Account List > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Account List

SELECTION ATTRIBUTES

Office: ALL
Payer: ALL
Pay Class: ALL
Client: ALL
Client Status: ALL

Generate

Account Name	Sub-Account Name	Office Name
A.I.M Mutual Insurance	(All Clients)	Back Office
A.I.M Mutual Insurance	(All Clients)	Melbourne
A.I.M Mutual Insurance	Cox, Andrew (01)	Melbourne
A.I.M Mutual Insurance	DeForge, Pearl (01)	Melbourne
A.I.M Mutual Insurance	Flores, Robert (01)	Melbourne
A.I.M Mutual Insurance	Griswold, Celia (02)	Melbourne
A.I.M Mutual Insurance	Jensen, Magdalena (01)	Melbourne
A.I.M Mutual Insurance	Kastarakis, Yelena (01)	Melbourne
A.I.M Mutual Insurance	Lockhart, Susan (A2)	Melbourne
A.I.M Mutual Insurance	Stop & Shop, Christine (01)	Melbourne
A.I.M Mutual Insurance	Treiber, Amy (01)	Melbourne
AARP Health Care Options	(All Clients)	Back Office
AARP Health Care Options	(All Clients)	Melbourne

Select **Exit**

Select all or a particular office 9:30 AM

- To select the appropriate account log, you may choose by any combination of office, payer, pay class, client or client status. Click the **Generate** button.
- Each account name is listed based on how you defined the attributes at the top of the screen. Then each sub-account name is listed followed by the office name. Select the account/sub-account that you wish to add, modify or delete an account log for.

Edit Account Log > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Edit Account Log

Office: 0002-Melbourne
Account No: 002658-01-7203
Account Name: A.I.M Mutual Insurance
Sub-Account: Cox, Andrew (01)
Contact:
Phone: (800) 788-5520 EXT:
Create Date: / / : : AM



Total Charges: \$184.43
Total Adjustments: \$-19.18
Total Applied Cash: \$-165.25
Account Balance: \$0.00
Unallocated Cash: \$1,500.00

Service Dates	Billing Dates	Invoice-Client/Payer or Description	Amount
12/02/01-12/05/01	12/01/01-12/07/01	0002019478-Cox, Andrew/A.I.M Mutual Insu	\$99.43
		Total Cash Applied to Invoice	\$-89.84
		Adjustment to Invoice	\$-9.59
12/09/01-12/09/01	12/08/01-12/14/01	0002019592-Cox, Andrew/A.I.M Mutual Insu	\$85.00
		Total Cash Applied to Invoice	\$-75.41
		Adjustment to Invoice	\$-9.59



☒ Show Open Invoices Only

9:30 AM



Add a Account Log

- To add a new account log, click the **New**  button. You can right click on the white space to enlarge the memo entry area as shown above. Click inside the large white text window and type in the comment. This window works like any standard word processor.
- Click the **Save**  button.
- Each account log is saved as a unique log entry along with the creation date and time. These logs may optionally be printed on the Invoice Aging report.

Modify a Account Log

- To modify an account log, click the **Find**  button. A screen will be displayed of all of the account logs for the current account. Click on the account log you wish to modify and click the **Select** button.
- You can right click on the white space to enlarge the memo entry area as shown above. Click inside the large white text window and type in the comment. This window works like any standard word processor.
- Click the **Save**  button.
- Each account log is saved as a unique log entry along with the creation date and time. These logs may optionally be printed on the Invoice Aging report.

Delete a Account Log

- To delete an account log, click the **Find**  button. A screen will be displayed of all of the account logs for the current account. Click on the account log you wish to delete and click the **Select** button.
- Once the account log you wish to delete is displayed, click the **Delete**  button and answer Yes to the prompt “Are you sure you want to delete this log?”

Item and Invoice Adjustments

Individual adjustments can be made to items on an invoice—such as, visits, pay items, services, and supplies. Adjustments can be made to entire invoices to change the outstanding amounts due to contractual allowances, write-offs, payment shifts, accrued interest or other.

Item Adjustments

In order to assure that critical processes are working with static data, the system will not allow this process if anyone is doing any of the following in the database: Close Week, Calculate Overtime, Create Invoices, Create Automatic Contractuals, Transmit Claims, Make Adjustments (Items, Invoices, Rebills, Reviewing and accepting, etc.), Payroll Export and Updating Visit Rates.

Date	Client	Description	Sales	Costs	Adjustment Pending
05/17/2001	Abbey, Helen	Hutchinson-Perron/01:15 PM	\$68.00	\$26.00	
05/17/2001	Abbey, Helen	Johnson/12:30 PM	\$72.00	\$0.00	
05/18/2001	Abbey, Helen	Bennett/03:30 PM	\$72.00	\$48.82	
05/18/2001	Abbey, Helen	Crepeau/04:30 PM	\$72.00	\$47.00	
05/19/2001	Abbey, Helen	Rodriguez/03:45 PM	\$68.00	\$26.00	
05/21/2001	Abbey, Helen	Bennett/05:00 PM	\$72.00	\$42.00	
05/21/2001	Abbey, Helen	Crepeau/04:30 PM	\$72.00	\$42.00	
05/22/2001	Abbey, Helen	Bennett/03:30 PM	\$72.00	\$42.00	
05/23/2001	Abbey, Helen	Crepeau/04:00 PM	\$72.00	\$42.00	
05/25/2001	Abbey, Helen	Hutchinson-Perron/01:00 PM	\$68.00	\$26.00	
05/29/2001	Abbey, Helen	Bennett/04:00 PM	\$72.00	\$42.00	
05/30/2001	Abbey, Helen	Crepeau/04:00 PM	\$72.00	\$42.00	

The **Item List** screen is used to display items that are closed and available for adjustments. A user generates a list of items based on selection criteria, and then selects the items to be adjusted.

- To access the **Item List** screen, select menu option AR | Make Adjustments | Items.
- The **Item List** screen will be displayed.
- Enter the **Start** date for the date range (date of care for the item(s) you are looking for)
- Optionally enter the **End** date
- If you know the employee, click the employee option and the **Select** button by the employee field. Enter in the first few letters of the employee's last name and click the **Generate** button. Select the employee from the list.

- If you know the client and payer, click the client/payer option and the **Select** button by the client/payer field. Enter the first few letters of the client's last name. Or you may select by client number if you know the client number in the system. Select the client from the list. Once selected, the client's payer sets will appear in the **Payer Set** select box. Select the correct payer from this list.
- Now, on the **Item List** screen, click the **Generate** button

The item list screen requires a date and either employee or client/payer information before you can generate a list of items. This is done to keep the item list to a reasonable length.

- Select the row corresponding to the visit, service, supply, or pay item you want to adjust.
- If you want to change something about the item, like changing the employee who did the visit, or the number of hours, or the pay and bill rate, click the **Adjust** button.

Note that if the item is on an invoice that already has cash applied to it, you will get a warning.

You may not adjust an item that is on an invoice that is the result of a shift payment. In this case, invoice adjustments will need to be done to change the value of the invoice.

Visit Adjustment

Adjust Visit > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamIoGo Reports Help

Adjust Visit

Order No : 003732 Visit No : 00002 Date : 05/17/2001

Before Adjustment

Bill Units : Per Visit (Qual)

Skill : RN

Service Location : Home

After Adjustment

Bill Units : Per Visit (Qual)

Skill : RN

Service Location : Home

BILLING ADJUSTMENT

	Before	After	
Bill Rate :	\$68.00	\$68.00	Multiple
Bill Hours :	0.75	0.75	
Bill Type :	Reg	Reg	
Bill Travel :	\$0.00	\$0.00	
Sales Tax :	\$0.00	\$0.00	



PAYROLL ADJUSTMENT

	Before	After	
Pay Rate :	\$34.66	\$34.66	Multiple
Pay Hours :	0.75	0.75	
Pay Type :	Reg	Reg	
Pay Travel :	\$0.00	\$0.00	
Employee :	Hutchinson-Perron, Mary-Kai		

☐ Sent to Payroll

Employee : Before
Hutchinson-Perron, Mary-Kai
After Select

Invoice Description :

- Change any of the following fields: bill units, skill/sub-skill, service location, hours, bill rate, bill hours, travel billed, sales tax, pay rate, pay hours, travel paid, or employee. If you want to change how the total hours are allocated, click the **Multiple** button and change the regular, holiday, overtime, and double time hours, pay rates, and bill rates.
- If you click on “Sent to Payroll” this will flag the payroll export to ignore this adjustment when exporting payroll.
- Type an Invoice description if you want a comment about the adjustment to appear on the invoice.
- Click the **Save**  button.
- Click the **Exit**  button.

The “**Invoice Description**” may be used to enter a description that describes why the adjustment was done. If the visit is not yet on an invoice, this field will not be displayed.

Remember that adjustments are not actually applied until they are accepted (Refer to section **Accepting and Rejecting Adjustments**).

Service Item Adjustment

Adjust Service Item > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SanItoGo Reports Help



Item List

Adjust Service Item

Service Item ID : A00011 Date : 02/14/2002

	Before Adjustment	After Adjustment
Service Item :	Mileage Charge	Mileage Charge
Quantity :	46.00	46.00
Unit Cost :	\$0.00	\$0.00
Unit Bill :	\$0.40	\$0.40
Total Sales Tax :	\$0.00	\$0.00
Invoice Description :		

Select a service. 9:48 AM

- Change any of the following fields: service item, quantity, unit cost, unit bill, and total sales tax
- Click the **Save**  button.
- Click the **Exit**  button.

If you are adjusting a Medicare PPS service item the screen will look slightly different:

Adjust Service Item > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Item List

Adjust Service Item

This Item Adjustment has been Completed.

Service Item ID : 000569 Date : 01/14/2002



Before Adjustment	After Adjustment
Service Item : PPS RAP	PPS RAP
Quantity : 1.00	1.00
Unit Cost : \$0.00	\$0.00
Unit Bill : \$0.00	\$0.00
Total Sales Tax : \$0.00	\$0.00

Invoice Description :

PPS Adjustment Type (Only For PPS Items) :

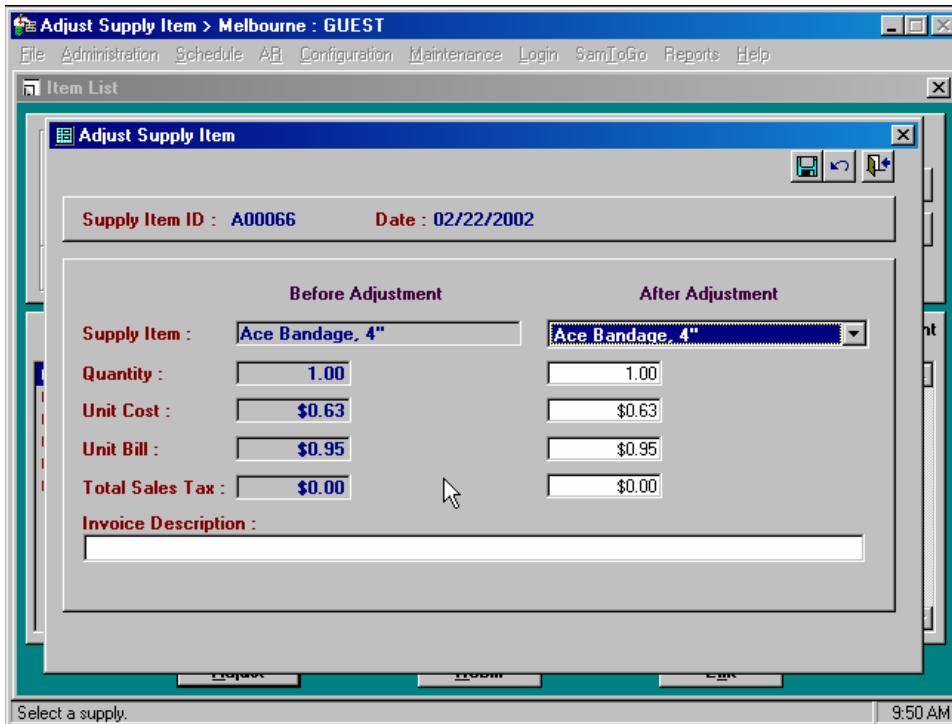
- M0175 Change
- RAP
- RAP (Recoup)
- EOE
- Bad Debt
- Other

9:49 AM

- Change the unit bill amount.
- Select an **Adjustment Type** based on the type of PPS adjustment that is appropriate. This is a required field.
- Type an Invoice description if you want a comment about the adjustment to appear on the invoice.
- Click the **Save**  button.
- Click the **Exit**  button.

Remember that adjustments are not actually applied until they are accepted (Refer to section **Accepting and Rejecting Adjustments**).

Supply Item Adjustment



Adjust Supply Item > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamIoGo Reports Help



Item List

Adjust Supply Item

Supply Item ID : A00066 Date : 02/22/2002

	Before Adjustment	After Adjustment
Supply Item :	Ace Bandage, 4"	Ace Bandage, 4"
Quantity :	1.00	1.00
Unit Cost :	\$0.63	\$0.63
Unit Bill :	\$0.95	\$0.95
Total Sales Tax :	\$0.00	\$0.00
Invoice Description :		

Select a supply. 9:50 AM

- Change any of the following fields: supply item, quantity, unit cost, unit bill, and total sales tax
- Click the **Save**  button.
- Click the **Exit**  button.

Remember that adjustments are not actually applied until they are accepted (Refer to section **Accepting and Rejecting Adjustments**).

Pay Item Adjustment

Adjust Pay Item > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Item List

Adjust Pay Item

Pay Item ID : A00083 Date : 03/08/2002



PAY ITEM ADJUSTMENT

Before Adjustment				After Adjustment			
Item Type :	Show Up			Show Up			
Pay Amt :	\$18.00			\$18.00			
Hours :	0.00 Reg	0.00 OT	0.00 Dbl	0.00 Reg	0.00 OT	0.00 Dbl	
Rates :	\$0.00 Reg	\$0.00 OT	\$0.00 Dbl	\$0.00 Reg	\$0.00 OT	\$0.00 Dbl	
Employee :	Young, Carol			Young, Carol			
				<input type="checkbox"/> Sent to Payroll			

BILLING ADJUSTMENT


Before Adjustment	After Adjustment
Bill Amount : \$0.00	\$0.00
Invoice Description :	

Select to change pay item type. 9:51 AM

- Change any of the following fields: pay item type, regular hours, overtime hours, double-time hours, regular pay rate, overtime pay rate, double-time pay rate, employee, and bill amount.
- If you click on “Sent to Payroll” this will flag the payroll export to ignore this adjustment when exporting payroll.
- Click the **Save**  button.
- Click the **Exit**  button.

Remember that adjustments are not actually applied until they are accepted (Refer to section **Accepting and Rejecting Adjustments**).

Item Rebills


- If the item was billed to the wrong payer, click the **Rebill** button. The **Rebill Item** screen is displayed. Select the appropriate payer to bill the item to from the **After Rebill** payer list.
- **Make sure you have the correct payer with the correct dates.**
- Click the **Save**  button. Click the **Yes** button when asked, “Re-bill this item to the selected Payer Set?”
- On the **Item List** screen, click the **Exit** button.
- When you rebill an item to a new payer, the work items will be refreshed with the new payer’s bill rates.

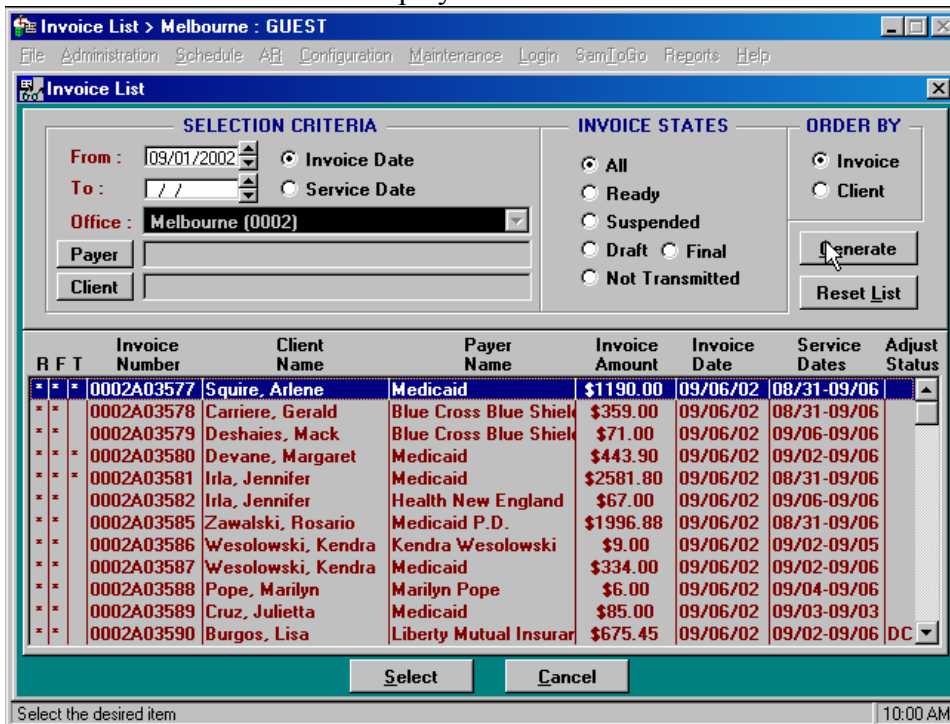
Rebilling individual Medicare PPS RAP/EOE service items is not allowed; however, you may rebill the entire PPS invoice.

All Item rebills are processed together when you exit the Item List screen. They do not need to be reviewed or accepted. However, you will need to create invoices for the payer that you rebilled the items to, in order to see these items on an invoice/claim.

Invoice Adjustments

In order to assure that critical processes are working with static data, the system will not allow this process if anyone is doing any of the following in the database: Close Week, Calculate Overtime, Create Invoices, Create Automatic Contractuals, Transmit Claims, Make Adjustments (Items, Invoices, Rebills, Reviewing and accepting, etc.), Payroll Export and Updating Visit Rates.

- To Make **Invoice Adjustments**, select menu option AR | Make Adjustments | Invoices.
- The **Invoice Details** screen will be displayed.
- On the **Invoice Details** screen, click the **Find**  button.
- The Invoice List screen will be displayed.



R	F	T	Invoice Number	Client Name	Payer Name	Invoice Amount	Invoice Date	Service Dates	Adjust Status
*	*		0002A03577	Squire, Arlene	Medicaid	\$1190.00	09/06/02	08/31-09/06	
*	*		0002A03578	Carriere, Gerald	Blue Cross Blue Shield	\$359.00	09/06/02	08/31-09/06	
*	*		0002A03579	Deshaias, Mack	Blue Cross Blue Shield	\$71.00	09/06/02	09/06-09/06	
*	*		0002A03580	Devane, Margaret	Medicaid	\$443.90	09/06/02	09/02-09/06	
*	*		0002A03581	Irla, Jennifer	Medicaid	\$2581.80	09/06/02	08/31-09/06	
*	*		0002A03582	Irla, Jennifer	Health New England	\$67.00	09/06/02	09/06-09/06	
*	*		0002A03585	Zawalski, Rosario	Medicaid P.D.	\$1996.88	09/06/02	08/31-09/06	
*	*		0002A03586	Wesolowski, Kendra	Kendra Wesolowski	\$9.00	09/06/02	09/02-09/05	
*	*		0002A03587	Wesolowski, Kendra	Medicaid	\$334.00	09/06/02	09/02-09/06	
*	*		0002A03588	Pope, Marilyn	Marilyn Pope	\$6.00	09/06/02	09/04-09/06	
*	*		0002A03589	Cruz, Julietta	Medicaid	\$85.00	09/06/02	09/03-09/03	
*	*		0002A03590	Burgos, Lisa	Liberty Mutual Insurance	\$675.45	09/06/02	09/02-09/06	DC

- Enter the date range, payer, and client for the invoice you want to adjust and click the **Generate** button.
- **Select** the invoice you want to adjust.

Invoice Details > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Invoice Details

Adjust Invoice Collection Log Rebill Invoice

View Cash Applied

Invoice : 0002A03577 Invoice Date : 09/06/2002
 Version : 01 DSO Ignore Service Period : 08/31/2002 to 09/06/2002
 Client : Squire, Arlene Invoice Amount : \$1,190.00
 Payer : Medicaid Bill Amount : \$1,190.00

WFS 09/13/2002 09:39 AM

Date	Service	Description	Quantity	Rate	Amount
08/31/02	RN		0.50	\$85.00	\$85.00
08/31/02	RN		0.50	\$85.00	\$85.00
09/01/02	RN		0.50	\$85.00	\$85.00
09/01/02	RN		0.50	\$85.00	\$85.00
09/02/02	RN		0.50	\$85.00	\$85.00
09/02/02	RN		0.50	\$85.00	\$85.00
09/03/02	RN		0.25	\$85.00	\$85.00
09/03/02	RN		0.25	\$85.00	\$85.00
09/04/02	RN		0.25	\$85.00	\$85.00
09/04/02	RN		0.50	\$85.00	\$85.00
09/05/02	RN		0.25	\$85.00	\$85.00
09/05/02	RN		0.25	\$85.00	\$85.00
09/06/02	RN		0.25	\$85.00	\$85.00
09/06/02	RN		0.25	\$85.00	\$85.00

Move to next record 10:00 AM

- To see what cash had been applied to this invoice, press **View Cash Applied** button.
- DSO Ignore – If an invoice has this option marked, the invoice will be ignored in the calculations for DSO (days sales outstanding) and BPSO (best possible days sales outstanding) on the Invoice Aging report.
- On the **Invoice Details** screen, click the **Adjust Invoice** button

Invoice Adjustment > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Invoice Details

Adjust Invoice Collection Log Rebill Invoice

Invoice Adjustment

ADJUSTMENT TYPE

☐ Contractual Allowance
☐ Write Off
☒ Shift Payment Responsibility
☐ Accrued Interest
☐ Other

INVOICE TOTAL Before : \$1,190.00
 After : \$1,000.00

Apply To : 02-Medicaid -0002A03577

Shift To : Squire, Arlene -Not Invoiced

Invoice Description :




09/06/02	RN		0.25	\$85.00	\$85.00
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10:01 AM

Adjusting individual Medicare PPS RAP/EOE invoices is not allowed; however, you may adjust individual items on the invoice.


Note that if the invoice has cash applied to it, you will get a warning.

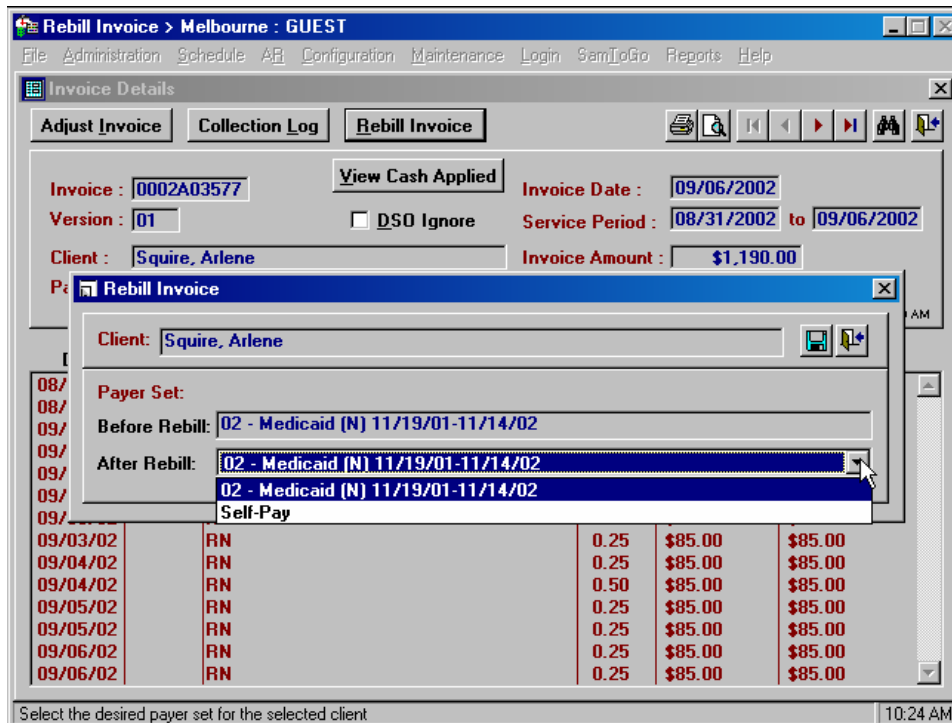
Note that if there is any pending adjustment for any invoices on the same “bill” (such as shift payments), adjusting will not allow invoice adjustments until the pending adjustments are accepted.

- Choose the appropriate adjustment type.
 - If you want to apply a contractual allowance or discount to the invoice, choose the **Contractual Allowance** option.
 - If you want to write some or the entire invoice off as a bad debt, choose the **Write Off** option.
 - If you want to shift responsibility for payment from one payer to another or the patient, choose the **Shift Payment Responsibility** option. If you select the **Shift Payment Responsibility** option, you must choose the payer to shift the responsibility to in the **Shift To** list.
 - If you want to adjust the invoice to increase the invoice amount for accrued interest, choose the **Accrued Interest** option.
 - If you want to adjust the invoice for reason other than those above, choose the **Other** option.
- Enter the adjusted amount of the invoice. The difference between the **Before** and **After** amounts is the amount of the adjustment.
- Enter the description of the adjustment that will appear on the new invoice.
- Click the **Save**  button.
- Now, on the **Invoice Details** screen, click the **Exit**  button.
- On the **Review Adjustments** screen, accept the adjustment. In the case of a “shift payment” adjustment, you will see two adjustments on the review screen. Accepting either one accepts them both.
- Click the **Exit**  button.
- If you use the **All Versions?** option on the **Print/Transmit** screen, you will see an invoice showing the original payer’s invoice has been reduced and a new invoice has been created for the new payer.

Invoice adjustments are used to correct the amount of money expected to be paid by a payer. Adjustments may be needed because the original payer is denying payment and passing responsibility to another payer (shift in payment responsibility), when a payer has negotiated a discount (contractual allowance), or when the payer decides that they are simply not responsible for payment (write-off). If the payer finds a problem with the invoice that is not covered by one of the above adjustments, see the section on Item Adjustments.


Invoice Rebills

- To access the **Rebill Invoice** screen, select menu option AR | Make Adjustments | Invoices.
- The **Invoice Details** screen will be displayed.
- On the **Invoice Details** screen, click the **Find**  button.
- Enter the date range, payer, and client for the invoice you want to rebill and click the **Generate** button.
- Select the invoice you want to rebill.
- On the **Invoice Details** screen, click the **Rebill Invoice** button



Date	Code	Amount	Amount	Amount
09/03/02	RN	0.25	\$85.00	\$85.00
09/04/02	RN	0.25	\$85.00	\$85.00
09/04/02	RN	0.50	\$85.00	\$85.00
09/05/02	RN	0.25	\$85.00	\$85.00
09/05/02	RN	0.25	\$85.00	\$85.00
09/06/02	RN	0.25	\$85.00	\$85.00
09/06/02	RN	0.25	\$85.00	\$85.00

Note that if the invoice has cash applied to it, you will get a warning message.

- The **Rebill Invoice** screen is displayed. Select the new payer to bill the item to from the **After Rebill** payer list.
- **Make sure you have the correct payer with the correct dates.**
- Click the **Save**  button. Click the **Yes** button when asked, “Re-bill this invoice to the selected Payer Set?”
- When you rebill an invoice to a new payer, the work items will be refreshed with the new payer’s bill rates.

Invoice rebills are processed when you click the Save button. They do not need to be reviewed or accepted. However, you will need to create invoices for the payer that you rebilled the invoice to, in order to see the new invoice/claim.

Creating Contractual Allowance Invoice Adjustment In Batch

In order to assure that critical processes are working with static data, the system will not allow this process if anyone is doing any of the following in the database: Close Week, Calculate Overtime, Create Invoices, Create Automatic Contractuals, Transmit Claims, Make Adjustments (Items, Invoices, Rebills, Reviewing and accepting, etc.), Payroll Export and Updating Visit Rates.

Because SAM can record the difference between the rates that a payer will be invoiced (invoice bill rates) and the rates that a payer will pay (reimbursement bill rates), billing can automatically create contractual adjustments for groups of invoices. Although the invoices sent to the payer will be for the invoice bill rates, after creating and accepting your contractual allowance adjustment your AR will show what is actually owed on each invoice. We recommend that you create the contractual allowance adjustments after you have sent the invoice to the payer.

But before running it is important to make sure that the invoice rates and the reimbursement rates have been defined correctly. This information is entered for the payer on the Bill Rates screen. The screen below shows a HHA “Invoice” rate:

The screenshot shows the 'Edit Bill Rates' window for 'Melbourne : GUEST'. The window has a menu bar (File, Administration, Schedule, AR, Configuration, Maintenance, Login, SamIoGo, Reports, Help) and a toolbar with buttons for 'Print List', 'Copy', and 'Update Visits'. The main area displays a table of rates for 'Payer : Aetna/US Healthcare (N)' and 'Client : <DEFAULT>'. The table has columns for 'Skill / Sub-Skill', 'Date', 'Daily Rates', and 'Weekend Rates'. The 'UNIT' column on the right has radio buttons for 'Hours' and 'Visits'. The 'VIEW' column has radio buttons for 'All' and 'Current'. The 'ORDER BY' column has radio buttons for 'Date' and 'Skill'. The 'BILL' column has radio buttons for 'Invoice' and 'Reimb'. Below the table, there is a section for 'Skill : HHA' and 'Effective Date : 08/01/2002'. At the bottom, there is a table of rates for 'Mon' through 'Sun' for three different rates (1, 2, 3). The status bar at the bottom shows 'Bill Rates for specified Client / Payer / Bill Unit' and the time '10:27 AM'.

Skill / Sub-Skill	Date	Daily Rates	Weekend Rates
HHA	08/01/2002	\$17.43, \$17.43, \$17.43	\$17.43, \$17.43, \$17.43
HHA/Homemaker	08/01/2002	\$15.66, \$15.66, \$15.66	\$15.66, \$15.66, \$15.66
LPN	08/01/2002	\$31.36, \$31.36, \$31.36	\$31.36, \$31.36, \$31.36
RN	08/01/2002	\$37.91, \$37.91, \$37.91	\$37.91, \$37.91, \$37.91

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Rates : 1)	\$17.4300	\$17.4300	\$17.4300	\$17.4300	\$17.4300	\$17.4300	\$17.4300
2)	\$17.4300	\$17.4300	\$17.4300	\$17.4300	\$17.4300	\$17.4300	\$17.4300
3)	\$17.4300	\$17.4300	\$17.4300	\$17.4300	\$17.4300	\$17.4300	\$17.4300

And this screen shows a HHA “Reimbursement” rate:

Edit Bill Rates > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Edit Bill Rates

Print List Copy Update Visits

Payer: Aetna/US Healthcare (N) Client: <DEFAULT>

Skill / Sub-Skill	Date	Daily Rates	Weekend Rates
HHA	08/01/2002	\$14.00, \$14.00, \$14.00	\$14.00, \$14.00, \$14.00

UNIT: ☒ Hours ☐ Visits

VIEW: ☒ All ☐ Current

ORDER BY: ☐ Date ☒ Skill

BILL: ☐ Invoice ☒ Reimb

Skill: HHA Effective Date: 08/01/2002

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Rates: 1)	\$14.0000	\$14.0000	\$14.0000	\$14.0000	\$14.0000	\$14.0000	\$14.0000
2)	\$14.0000	\$14.0000	\$14.0000	\$14.0000	\$14.0000	\$14.0000	\$14.0000
3)	\$14.0000	\$14.0000	\$14.0000	\$14.0000	\$14.0000	\$14.0000	\$14.0000

Update Stop

GUE 06/22/2005 10:28 AM

Bill Rates for specified Client / Payer / Bill Unit 10:28 AM

Once the rate information has been added you can create the Contractual Allowances on the Print/Transmit screen:

Print/Transmit > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Print/Transmit

FORMS: ☒ Invoices ☐ Self Pay? ☐ UB-92 ☐ HCFA 1500 ☐ All Versions?

STATES: ☒ All ☐ Ready ☐ Suspended ☐ Draft ☐ Final ☐ Not Transmitted

DATES: ☒ Creation Dates From: 01/01/2002 To: / / ☐ Invoice Dates

CLIENT / PAYER: Payer: Aetna/US Healthcare Client: ECS ALL

ORDER BY: ☒ Invoice ☐ Client

Generate Reset List

R F T	Invoice No-V	Date
*	0002017196-0	04/26/2002
*	0002019488-0	06/07/2002
*	0002019496-0	06/07/2002
*	0002019738-0	06/07/2002
*	0002019833-0	01/03/2002
*	0002020213-0	06/07/2002
*	0002020334-02	06/07/2002
*	0002A00325-01	02/20/2002
*	0002A02947-01	07/31/2002

Select All Select None Create Claim **Create Contractual** Preview Print Transmit Exit

10:29 AM

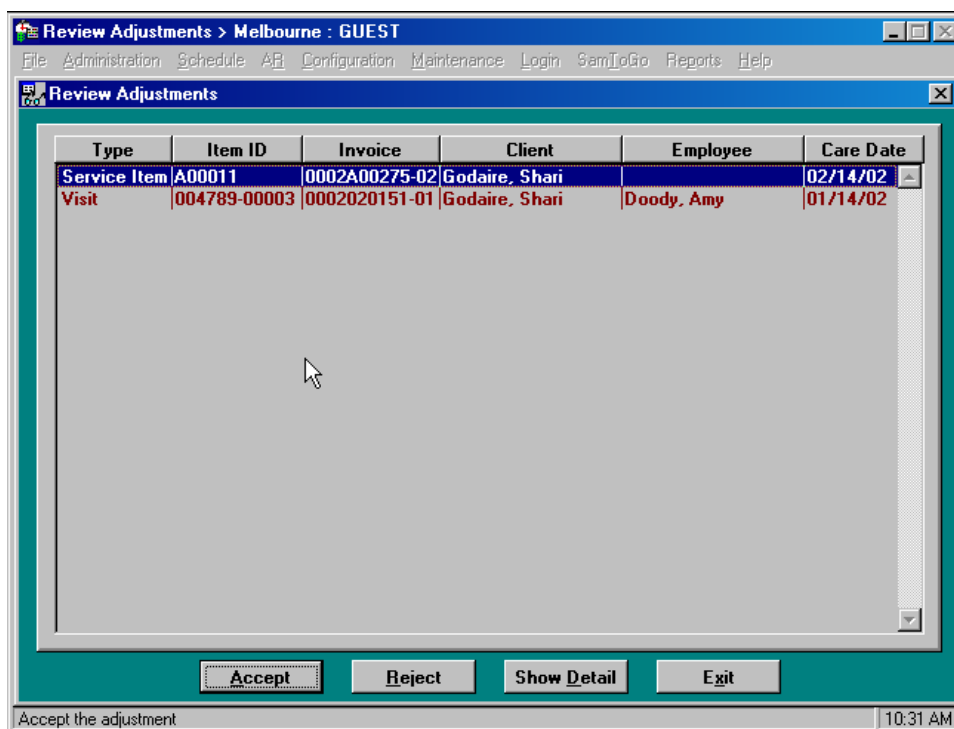
Select the invoices that need contractual allowances and then click the **Create Contractual** button. Billing will create a contractual allowance invoice adjustment to account for the difference between the invoices invoice rates and reimbursement rates. The contractual

allowance invoice adjustments then must be accepted in the **Review Adjustments** screen to be applied.

A contractual allowance will not be created where there is an item adjustment on the invoice.


Accepting and Rejecting Adjustments

In order to assure that critical processes are working with static data, the system will not allow this process if anyone is doing any of the following in the database: Close Week, Calculate Overtime, Create Invoices, Create Automatic Contractuals, Transmit Claims, Make Adjustments (Items, Invoices, Rebills, Reviewing and accepting, etc.), Payroll Export and Updating Visit Rates.



When item or invoice adjustments are requested, the adjustments need to be reviewed and processed (accepted or rejected) before the adjustments take effect and invoices are revised. This process is done from the **Review Adjustment** screen.

- To access the **Review Adjustments** screen, select menu option AR | Review Adjustments.
- The **Review Adjustments** screen will be displayed.
- Select an adjustment from the list.
- To look at the details of an adjustment, select the adjustment and then click the **Show Detail** button. This will display the details of the adjustment in a read only mode. Information that

will change due to the adjustment will appear in yellow. Use the **Exit**  button to leave the screen.

- To accept the adjustment, click the **Accept** button. The screen will refresh and the selected adjustment will disappear.
- To reject the adjustment, click the **Reject** button. The screen will refresh and the selected adjustment will disappear.
- Upon exiting the screen, all adjustments that have been accepted will be processed into new invoices.


No adjustment is processed until the **Review Adjustment** screen is used to accept or reject the adjustment. Rebill adjustments do not need to be reviewed or accepted.

Adding Missing items to invoices

If visits, supplies, services, and/or pay items are missing from an invoice, the following steps will add items to an invoice:

- Add the missing visits, supplies, services, and/or pay items using the Scheduling function.
- Make sure you enter the items with dates that are covered on the current invoice. (You may either view them in scheduling or print off reports of the specific items to confirm the dates.)
- Close the week to make the items available for invoicing.
- Rebill the current invoice to the SAME payer set. Make sure the dates are the same.
- Create Invoices for the office, payer, and client associated with the old invoice.
- A new invoice is created that contains the missing items. Note that the old invoice was zeroed out and the new invoice has a new invoice version number.

Handling Payer Denials when Item Must Be Rebilled to Self Pay at “Street” Rate

- To access the **Item List** screen, select menu option AR | Make Adjustments | Items.
- The **Item List** screen will be displayed.
- Generate the list and then select the item you want to rebill from the list.
- Click the **Rebill** button.
- The **Rebill Item** screen is displayed.
- Select the “Self Pay” payer to bill the item to from the **After Rebill** payer list.
- Click the **Save**  button. Click the **Yes** button when asked, “Re-bill this item to the selected Payer Set?”
- Review the new version of the original payer’s bill. (Use the **Print/Transmit** screen with the **All Versions?** option selected).
- When you rebill an invoice to a new payer, the work items will be refreshed with the new payer’s bill rates.
- Create the self-pay invoice using the Create Invoices function.
- Print the self-pay invoice.

You first rebill the visit so that it will be adjusted off of the original payer’s invoice. Rebilling an item causes the item to think that it has never been billed. This means that to get the item on an invoice, you must create invoices.

Closing a Period and the General Ledger Interface

All sales, cost, payment, cash applications, payment adjustments, and invoice adjustments flow to the general ledger through an interface. The date associated with each item is used to determine what period the item belongs to. All visits, supplies, services, and pay items belong to the period that their payroll date falls in. Payments, cash applications, payment adjustments (fixes, recoups, and refunds), and invoice adjustments each have an associated item date. Each item belongs to the period that this date falls into.

When closing a period, first run the GL sales, cash, adjustment, and Worker's Compensation reports for the period. This causes data to be extracted from the "live database" into the GL database. Each time the reports are run against an open period, the data is re-extracted and refreshed in the GL database. Once the period is closed, the GL database entries for the closed period are locked and all subsequent reports for the period are done from the locked data in the GL database. You will notice that it takes much longer to run the GL reports for an open period than for a closed period. That is because reporting on open periods cause an extraction to occur from the live database.

While a period is open, values on reports may change because they reflect the live database. Once the period is closed, the values on the reports for the period will, of course, never change.

Below is how to run the GL reports.

GL Sales, Cash, Adjustment, and Worker's Compensation Reports

- To access the **General Ledger Reports** screen, select menu option Reports.
- The **Select Report** screen will be displayed.
- Click the **Accounts Receivable** option.
- Click the **General Ledger Reports** report.
- Select the office from the **Office** combo box or choose "All".
- Select the period - you may choose any closed or open period.
- If you want to select by service dates, click the **Service** option and enter the service date ranges for the report.
- For sorting and grouping the sales and cost report, refer to the panel on the right side labeled **Sort Sales Report By**. By dragging an item to a new position, you can cause the report to be sorted in any order you wish.
- By default, the report will generate for the period or date range you have selected. However, if you would like quarter-to-date figures, select the **Quarter To Date** option. If you would like year-to-date figures, select the **Year To Date** option.
- By default, only the Sales/Cost report will be generated.
- If you want a Cash report, click the **Report Cash Entries** option.
- If you want an Adjustments report, click the **Report Adjustment Entries** option.
- If you want a Worker's Compensation report, click the **Report Worker's Compensation** option.
- If you want only the totals for each Worker's Compensation code, click the **Summary Only** option.

- If you would like Excel spreadsheets created instead of reports, click the **Create Excel Files Instead Of Reports** option.
- Click the **Generate** button.

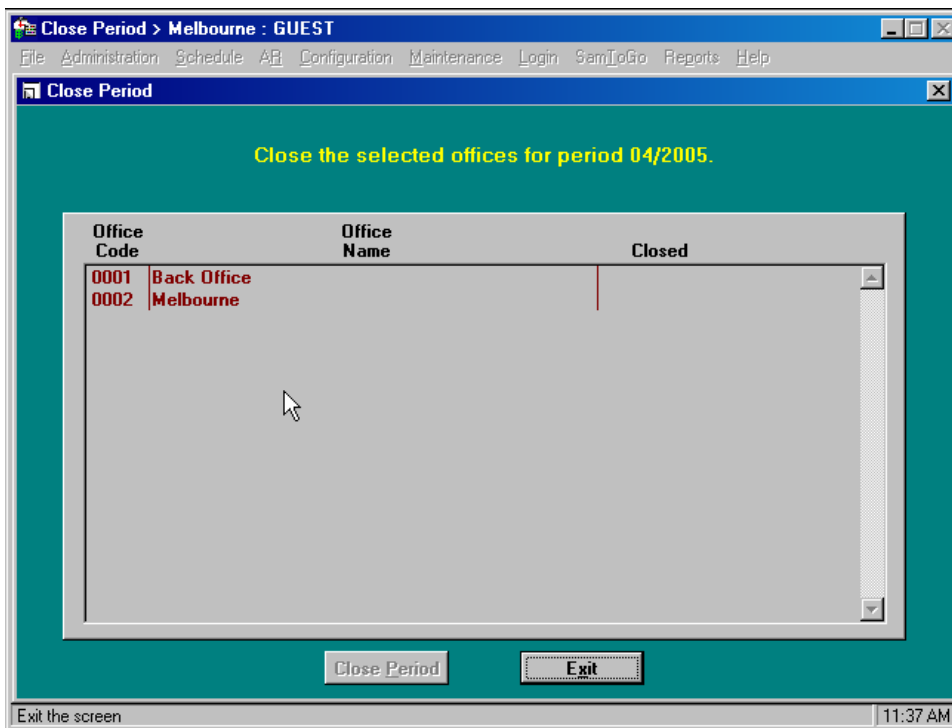
This Sales/Cost Report will balance to the Sales (Item) Report if run for the same payroll dates. Only the Sales/Cost Report is available for service dates. All other reports must be run by period.

Closing a Period

Once you have run the GL Reports and Sales (Item) Report for the period and are satisfied that all the sales, cost, cash, and invoice adjustments have been done for the period, you should close the period.

- To access the **Close Period** screen, select menu option AR | Close Period.
- The **Close Period** screen will be displayed.
- Select the office(s) to be closed and then click the **Close Period** button.

Although visits, service items, supply items, pay items, are not changeable once closed during the normal weekly close operation, other items could be changed (payments, cash applications, etc.). That is why the period should be closed. When a period is closed, payment and cash application information is locked down. The whole reason behind closing a period is to ensure that reports run for the period any time in the future yield the same results.



Creating the SBT General Ledger Interface File

Once the sales/cost, cash, adjustment, licensed/unlicensed, and sales reports have been run and verified, the period should be closed. Closing the period causes transactions within the period to be locked so that they cannot be changed. This should be done before creating the GL export file to ensure that the journal entries made automatically by the system agree with the database.

To create an ACCPAC GL export file, you must select one office. Click the “Create SBT GL Import File” option and click the generate button. To create a standard Excel GL Import File, click the “Create Excel GL Import File”.

Upon clicking the “Save” key, the file that you will import into the SBT general ledger is automatically created. If entries are found without associated account numbers in the SBT general ledger, a report will be generated that can be printed. It is suggested that the created import file not be imported into the SBT general ledger until these accounts exist. To verify this, it is good practice not to import any file that was created if ANY accounts were found to be missing.

Unemployment Reporting

Unemployment Reporting > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Unemployment Reporting

Create Unemployment Report and Data File
for the selected office(s) OR company(s)

Code	Office	Company	State
0001	Back Office	01	MA
0002	Melbourne	01	FL

Password:

2005

1st qtr
2nd qtr
3rd qtr
4th qtr

Wage Base:
7000

The data file will be created after the report is generated.

☐ NetProfit File

Generate Report Options Exit

Detail Report - Destination: Screen Preview Title: NONE

11:42 AM

You may generate both state and federal unemployment reports. The report does this by accessing the SBT database. Besides providing a report, this function will also generate an electronic file suitable for submission to the state unemployment agency. Current states supported are North Carolina, Florida, and Texas, Maine, Massachusetts, Connecticut, Rhode Island, and the city of Wilmington.

This screen will allow the selection of one or multiple offices as long as they are in the same state and company. It will also, alternatively, allow the selection of a company for reporting. You must enter the year and the quarter you wish the report for. The report will show total wages, non-taxable wages, and taxable wages on a quarter-to-date and year-to-date basis. Once the report is done, another screen allowing the entry of state specific items will appear. Entering information into this screen will allow cause the generation of the state specific electronic file.


Administration and Configuration

Maintaining Offices

SAM allows you to maintain information about your organization's offices. Only users with an access level of "System Administrator" have the authority to log into the Offices screen. These users may modify certain portions of office information as needed. This is accomplished using the **Edit Office** screen.

NOTE: To add new offices to your system, you must call your software representative.

- To access the **Edit Office** screen, select menu option Configuration | Offices.

- Display the details of the office that needs modification by using the **Navigation**  buttons or the **Find**  button.

Many of the fields may be blacked-out. This means they are disabled and you cannot change their contents. The only fields available for modification are described below.

If the office address needs to be modified:

- Enter the office's new address in the **Address** fields. The first address line is for street address or PO Box numbers. The second line is for apartment or suite numbers, etc. If a street address is long and will not fit in line one, it's okay to overlap it on line two (avoid splitting a word in half when you use two lines for the address, if you can, because it is printed with a space where the split occurs).


- Enter a **Zip Code**. If you do not know the entire zip code, you must enter at least the first three digits. After you enter the zip code, a list of cities with the given zip code appears in the combo box below the zip code.
- Select the correct city from the combo box under the **Zip Code** field. Use up or down arrows on the keyboard to find the city; or click the down arrow on the combo box to display the list of cities, and then click the city.

If the office telephone number(s) needs to be modified:

- Enter the office's telephone number in the **Office Phone** field or the fax number in the **FAX** field.

If the compensation/taxes information for an office needs to be modified:

- Enter the day the office has set for the end of a payroll week in the **Week Ends On** field.
- Enter the **Rate Differentials** for Overtime and Holiday as desired.
- Check the **Daily Overtime** box if the office is subject to daily overtime. If checked, overtime will be automatically calculated as a part of closing a week.
- Enter the times for **Shift 1 Start**, **Shift 2 Start**, and **Shift 3 Start** as desired. These values are used in scheduling for staffing assignments. The **Shift 1 End**, **Shift 2 End**, and **Shift 3 End** times will be adjusted depending on the values of the start times entered.

- After all the office information has been modified correctly, click on the **Save**  button.

Office OASIS Header Info

OASIS Header information may be entered for each office on the "Office OASIS Header Info" page on the Offices screen. OASIS header information is stored for each office. This information is used for each OASIS Assessment export.

Edit Office > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Edit Office

Office Profile **Office OASIS Header Info** Office Logo

0002-Melbourne

Agency Name : HEALTHCARE OF MELBOURNE

Street Address 1 : 123 MAIN

Street Address 2 :

City : MELBOURNE

State : FL

Zip : 32901

Contact : MICKEY MOUSE

Phone : (321) 779-0101

Ext :


Unique HHA ID Code : 6224

Medicare Provider Number : 227200 (M0010)

Medicaid Provider Number : 060300 (M0012)

Branch ID Number : (M0016)

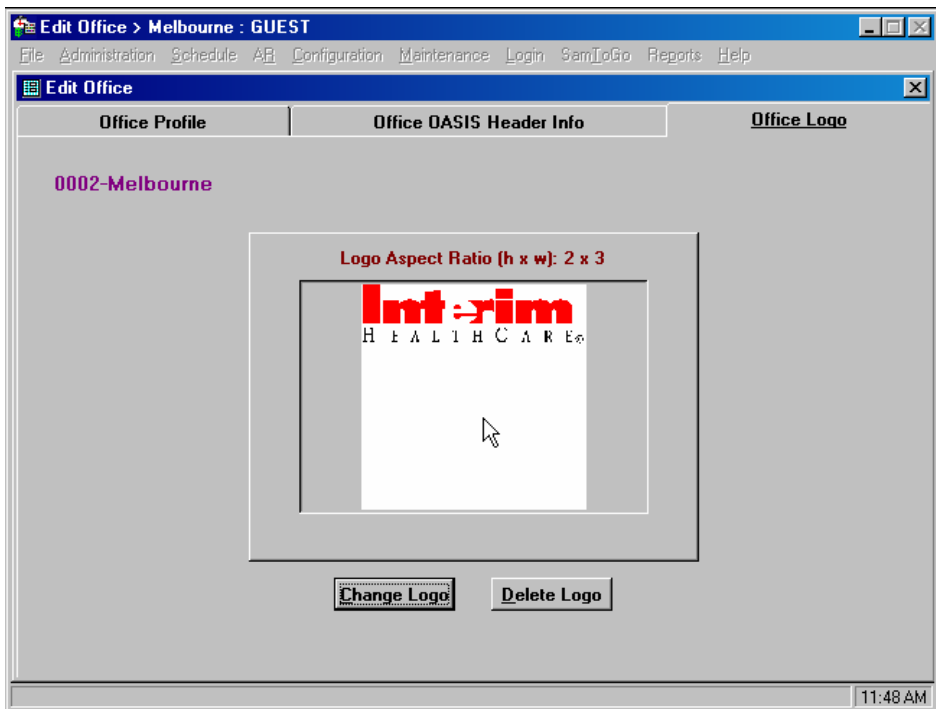
11:46 AM

- It is important the information on this screen be completely filled in. You may not have a Street Address 2, Ext, Unique HHA ID Code or Branch ID Number.
- The Branch ID Number is validated against the OASIS 1.40 specifications.
- This information is used to create the header record for each of your OASIS Assessments that you submit to the state. If the information does not match EXACTLY with the state records, your OASIS Assessment will be rejected.
- Once you have entered all of the information, click on the Office Profile screen to save your information, then click the **Save**  button.

Office Logo

The Office logo may be entered for each office on the “Office Logo” page on the Offices screen. The logo should be entered for each office. Any .bmp file may be used. Optimally the .bmp file should have an aspect ratio of (2h x 3w.) The .bmp file should be placed in your n:\logos folder and then added to the office. This logo will be used for invoices and statements.

Users Manual



Maintaining Users

In order for someone to use this system, they must be able to log in and in order to log in they must be registered as a user in SAM. This user registration process is accomplished by defining users using the **Edit User** screen. Only users with the access level of 'System Administrator' are able to create and maintain users. This is accomplished using the **Edit User** screen. If you access the Edit User screen in the front office database (physically in the front office), you may only make modifications to a user's password.

- To access the **Edit User** screen, select menu option Configuration | Users.
- The **Edit User** screen is displayed.

The screenshot shows the 'Edit User' window in the SAM system. The 'User Profile' tab is selected, displaying the following fields and controls:


- Full Name :** GUEST
- User Code :** GUE (with a '<< Get Unique Code' button)
- User Name :** GUEST
- Password :** (empty field)
- ☐ Do Not Use
- ☒ System Administrator
- Copy Permits from Another User

On the right side, there is a table with the following data:

Office Name	Selected
Back Office	X
Melbourne	X

The status bar at the bottom indicates 'RS 06/23/2003 06:02 PM' and '2:42 PM'.

Creating a New User

- On the **Edit User** screen, click the **New**  button on the toolbar to add a new user.
 - Enter the **Full Name** of the new user. This name is for reference only.
 - Enter the **User Code** for the new user. This code must be unique across all users defined in your system and may be up to 3 characters in length. This code is used to mark all records created or modified by the user. If you do not know a unique code, press the **Get Unique Code** button and the system will generate a new unique code for you.
 - Enter the **User Name** for the new user. This will be the User Name that the user will use to login. The **User Name** may be up to 10 characters in length.
 - Enter the **Password** the new user will use when logging in. The **Password** may be up to 10 characters in length. As the **Password** is entered, it is echoed back as asterisks.

Note: SAM has an option for valid users to change their own password. To access the **Change Password** screen, select menu option Login | Change Password.

- Grant the new user access to one or more offices in the organization by double clicking on the office name in the office list at the bottom of the screen. An **X** will appear in the Selected column in the list. A user may not log into an office without this association.
- Click the **Select All** check box to select all of the offices in the list.
- Click the **Clear All** check box to unselect all of the offices in the list.
 - A user may be marked as “**Do Not Use.**” Any users marked as such, will no longer be able to log in.
 - A user may be marked as a “**System Administrator.**” A System Administrator will have access to ALL functions within this system. The following are features that a System Administrator will have access to:
 1. Offices
 2. Users
 3. Accounting Periods
 4. Worker’s Comp Rate
 5. Run Maintenance Program
 6. Copy Client Environment
 7. Copy Employee Environment
 8. Check Login Count
 9. Clear Function Locks
 10. Command Window
 11. Split Office
 - You may “**Copy Permits from Another User.**” This screen will prompt you for what user you would like to copy from and then will make the current user’s permissions equal to the permissions for the user you are copying from.
 - There is a screen for each module with detailed permission for features within each module. Press on each screen’s title and select the module name to give the user permission to that module. Once you have turned on permission to the module, you will have access to optionally give permission to each feature within the module.
 - The following are the features for each module that you may selectively give access to by user:
 0. Scheduling – if this option is “off”, access to Scheduling features will be disabled. (Scheduling features include Clients, Employees, Payers, Pay Rates, Bill Rates, Referral Sources, Affiliations, Display Schedule, Copy Model Week, Search Phone Log, Visit History, Reassign CSR Clients, Supplies, Services, Attributes, Skills, Sub-Skills and Employee Tracking Items.)
 1. Close Week – if this option is “off”, the menu option “Close Week” will be disabled.
 2. Edit Pay Rates – if this option is “off”, the buttons for “new”, “remove” and “save” are disabled on the pay rate screens and the pay rate field on editing a visit is disabled. View Pay Rates must be “on” to select to Edit Pay Rates.
 3. View Pay Rates - If this option is turned off for a user, the following will apply for that user in SAM:
 - a. The “Pay Rates” button will be disabled on the Edit Client, Edit Client/Payer, Edit Employee and Edit Payer screens.

- b. The following fields on the Edit Employee screen are not displayed: Merit Pay (per hour/per visit), Weekend Differential (per hour/per visit) and Bonus Amount (per hour/per visit.)
 - c. The Visit Summary screen will not display the skill's pay rates.
 - d. The Edit Visit screen will not display the pay rate for the visit. In addition, the Split Hours screen accessible from the Edit Visit Screen will not display the pay rates.
 - e. The Employee Matching Employee Candidate list (screen display and printed list) will not display the pay rates. In addition, the Other Unassigned Visits screen will not display the pay rates.
 - f. The Visit Phone Log Entry screen will not display the pay rates.
 - g. The List mode of the display of the schedule will not display the pay rates.
 - h. The Assignment Match screen will not display the merit pay rates. In addition, the Assignment Match Assignment List screen will not show the employee bonus rates or pay rates.
 - i. The Update Visit Wizard will not display the pay rates or allow the user to change the pay rate.
 - j. The Phone Log Search results (phone log report) will not display pay rates.
 - k. The "Pay Items" button on the Employee List in Display Schedule is disabled.
 - l. When viewing a Client or Employee schedule, the display of summary information for the visit at the bottom of the screen will not include pay rates.
 - m. The On-Call report will not include pay rates.
 - n. The General and Verified Visit report will not include pay rates.
 - o. When Calculating Overtime, the report for showing visits for salaried employee will not include pay rates.
4. Edit Bill Rates – if this option is "off", the buttons for "new", "remove" and "save" are disabled on the bill rate screens and the bill rate field on editing a visit is disabled.
 5. Edit Clients - if this option is "off", the menu option "Clients" will be disabled.
 6. View Client SSN – if this option is "off", the display of the Client SSN from the screen preview of reports is disabled. If the user has the permit "Edit Client" enabled, they will be able to view the Client SSN. In addition, if the user has the permit "View and Print OASIS" enabled, he is able to view the Client SSN.
 7. Edit Employees - if this option is "off", the menu option "Employees" will be disabled.
 8. Edit Employee Statuses - if this option is "off", the button "edit status" on the Employee screen is disabled.
 9. View Employee SSN – if this option is "off", the display of the Employee SSN from the screen preview of reports is disabled. If the user has the permit "Edit Employee" enabled, they will be able to view the Employee SSN.
 10. not currently used
 11. Edit Payers - if this option is "off", the menu option "Payers" will be disabled.
 12. View Payers – if this option is "off", the "Save" and "Delete" buttons on the Payer screen are disabled.
 13. Add/Delete National Payer – if this option is "off", when adding a new payer in the Admin office, it will default to a non-national payer and the "national payer" check

box is disabled. Also, if this option is “off”, the user will not be permitted to delete a national payer in the Admin office.


14. Verify Visits – if this option is “off”, the “timeslip verified” check box and “verify week” button on editing a visit is disabled.

It is recommended for those users that you wish to not see pay rates, that you also turn off access to the Pay Rate, Pay Item, Sales and Adjustment reports.

0. Clinical - if this option is “off, access to clinical features will be disabled. (Clinical features include Import Signed POC/VO, Import OASIS Assessments, Export OASIS Assessments, Patients, POC/VO, OASIS Assessments, 485 Phrases, and Physicians.)
1. View and Print Plan of Care/Verbal Order– if this option is “off”, on the Define Patient screen, the “Define Plan of Care/Verbal Order” button will be disabled.
2. View and Print OASIS – if this option is “off”, on the Define Patient screen, the “Define OASIS Assessment” button will be disabled.
3. Change OASIS Lock Date – if this option is “off”, the user will not be able to edit the Lock Date field on OASIS Assessments.
4. Edit Phrases - if this option is “off”, the “new” and “save” buttons are not displayed on the Phrases screen in the Admin office.




0. AR – if this option is “off, access to billing features will be disabled. (Billing features include Export Payroll, Create Invoices, View Invoices/Claims, Print/Transmit, Account Log, Enter/Apply Payments, Apply Cash via 835, Make Adjustments, Review Adjustments and Close Period.
1. Close Week – if this option is “off”, the menu option “Close Week” will be disabled.
2. Create Invoices – if this option is “off”, the menu option “Create Invoices” will be disabled.
3. View Invoices – if this option is “off”, the menu option “View Invoices/Claims” will be disabled.
4. Print/Transmit - if this option is “off”, the menu option “Print/Transmit” will be disabled.
5. Payments/Apply Cash - if this option is “off”, the menu option “Enter/Apply Payments” will be disabled.
6. Request Adjustments - if this option is “off”, the menu option “Make Adjustments” will be disabled.
7. Review Adjustments - if this option is “off”, the menu option “Review Adjustments” will be disabled.
8. Close Period - if this option is “off”, the menu option “Close Period” will be disabled.
9. Export Payroll - if this option is “off”, the menu option “Payroll Export” will be disabled.

0. Configuration – if this option is “off, access to configuration features will be disabled. (Configuration features include Offices, Users, Supplies, Services, Attributes, Skills, Sub-Skills, Employee Tracking Items, Accounting Periods, Worker’s Comp Rates, Data Exchange/Reindex.)
 1. Add Standard Supply – if this option is “off”, when adding a new supply in the Admin office, it will default to a non-standard supply and the “standard” check box is disabled.
 2. Add Standard Service – if this option is “off”, when adding a new service in the Admin office, it will default to a non-standard service and the “standard” check box is disabled.
 3. Edit Attributes - if this option is “off”, the “new” and “save” buttons are not displayed on the Attributes screen in the Admin office.
 4. Edit Sub-Skills - if this option is “off”, the “new” and “save” buttons are not displayed on the Sub-Skills screens in the Admin office.
 5. Edit Tracking Items - if this option is “off”, the “save” button is not displayed on the Employee Tracking Items screen in the Admin office. This option must be “on” to set the “Add/Delete Tracking Items” option “on.”
 6. Add/Delete Tracking Items - if this option is “off”, the “new” and “delete” buttons are not displayed on the Employee Tracking Items screen in the Admin office.
 7. Data Exchange/Reindex – if this option is “off”, the menu option “Data Exchange/Reindex” will be disabled.
-
0. Maint – if this option is “off, access to the maintenance features will be disabled. (Maintenance features include Run Delivery Program, Run Maintenance Program, Command Window, Copy Client Environment, Copy Employee, Delete Invoice, Check Login Count, Clear Function Locks and Split Office.)
 1. Run Delivery - if this option is “off”, the menu option “Run Delivery Program” will be disabled.
-
0. Misc– if this option is “off, access to the miscellaneous features will be disabled. (Misc features include Change Password.)
 1. Change Password - if this option is “off”, the menu option “Change Password” will be disabled.
-
0. Reports – if this option is “off, access to Reports will be disabled. In order for a user to be given access to “Reports”, at least one of the following must be permitted: Scheduling, Clinical or AR.




1. 401K and Paycheck Reporting - if this option is “off”, the Reports menu option “401K and Paycheck Reporting” will be disabled.
 2. State Unemployment Reporting - if this option is “off”, the Reports menu option “State Unemployment Reporting” will be disabled.
 3. Payroll Report - if this option is “off”, the Reports menu option “Payroll Report” will be disabled.
 4. Payroll Interface Postings Report - if this option is “off”, the Reports menu option “Payroll Interface Postings Report” will be disabled.
 5. Pay Rate Report - if this option is “off”, the Reports menu option “Pay Rate Report” will be disabled.
 6. Pay Item Report - if this option is “off”, the Reports menu option “Pay Item Report” will be disabled.
 7. Sales (Item) Report - if this option is “off”, the Reports menu option “Sales (Item) Report” will be disabled.
 8. Adjustment Report - if this option is “off”, the Reports menu option “Adjustment Report” will be disabled.
 9. Plan of Care/Verbal Order – if this option is “off”, the report menu option “Plan of Care/Verbal Order” will be disabled.
- After all the user information has been entered correctly, click on the **Save**  button on the first “User Profile” screen.

Modifying User Information

Any portion of the user’s information may be modified (except the User Code), including the user’s password.

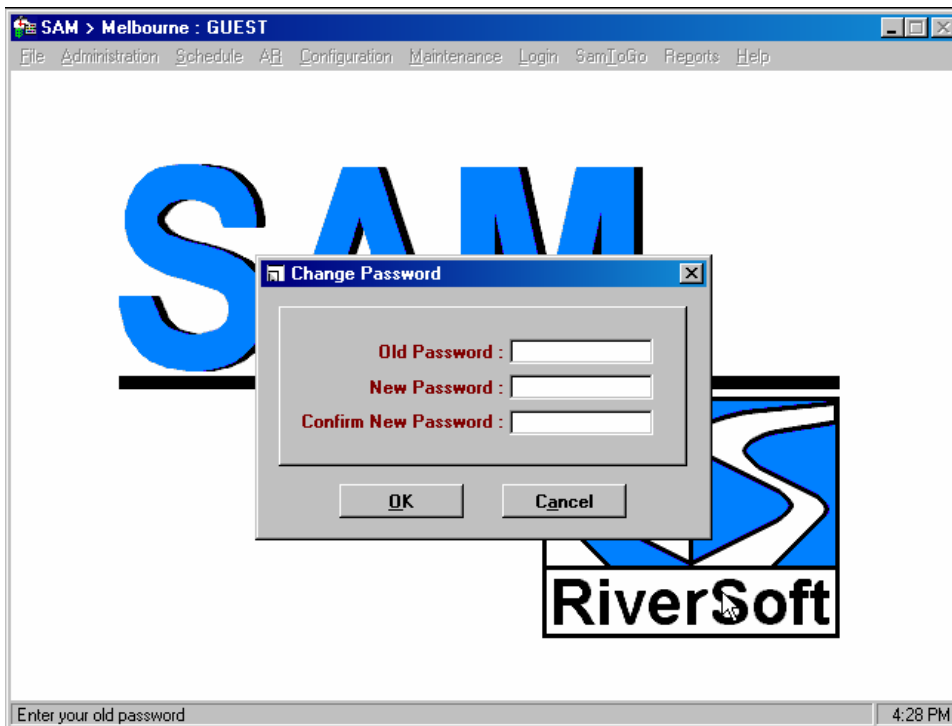
- On the **Edit User** screen, display the details of the user to be modified using the **Navigation**  buttons or the **Find**  button.
- Modify any of the fields on the screen.
 - After all the user information has been modified correctly, click on the **Save**  button.

Deleting a User

- On the **Edit User** screen, display the details of the user to be modified using the **Navigation**  buttons or the **Find**  button.
- Click the **Delete**  button.
- Click the **Yes** button when prompted “Delete Displayed User?”
- The deleted user’s information will be removed from the **Edit User** screen.

Change Password

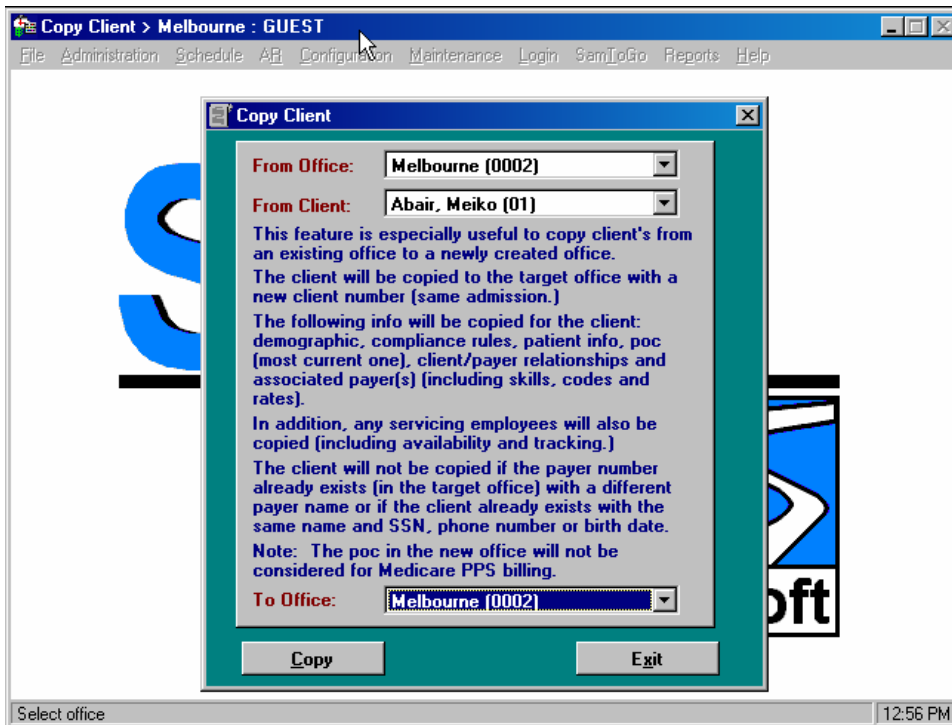
SAM has an option for valid users to change their own password. To access the **Change Password** screen, select menu option Login | Change Password.



- Enter you **Old Password**.
- Enter your **New Password**.
- Enter your **New Password** again to **Confirm**.
- Click the **OK** button.
- Your password for you User Name will be permanently changed to the new password.

Copy Client Environment

This feature will allow you to copy a client (and associated information) from one office to another. After copying a “client environment” you should be all ready to start scheduling visits for the copied client in the target office.

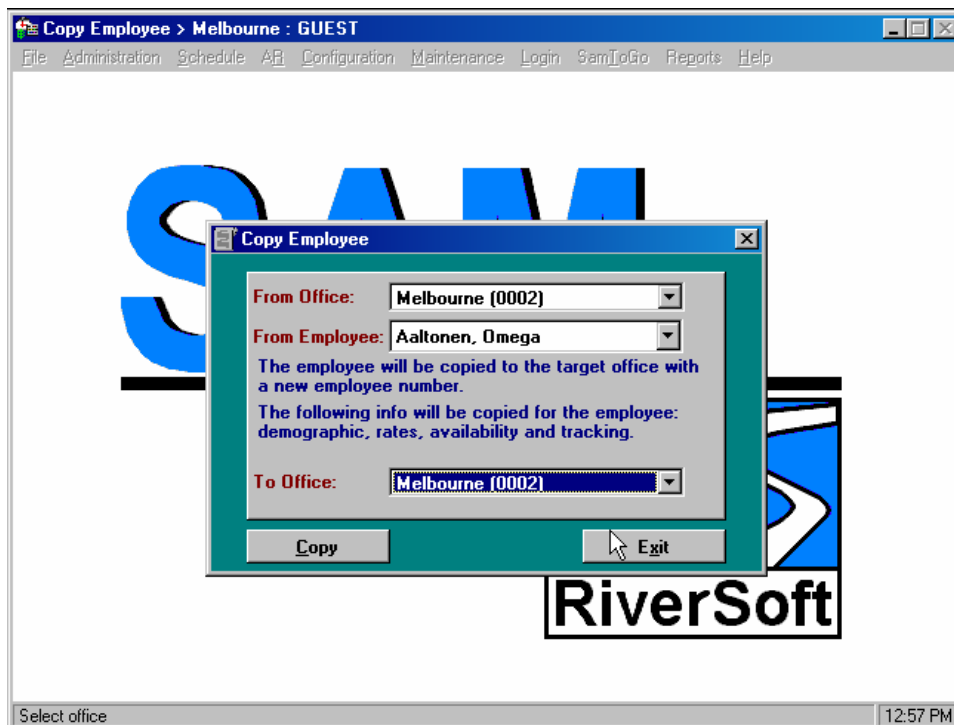


- Select the **From Office** to copy the client environment from.
- Select the **From Client** name that should be copied.
- Select the **To Office** to copy the client environment to.
- The copy feature will copy the client to the target office with a new client number with the same admission number that the source client had.
- The following client information is copied:
 - Client demographic information (excluding referral.)
 - Dr Orders and Insurance Authorizations for the client.
 - Clinical Patient information for the client, including patient status and hospital stay history.
 - The most recent Plan of Care (only the last Plan of Care is copied.) It is important to note that the Plan of Care in the target office will not be considered for Medicare PPS billing.
 - All client/payer relationship and associated skills, codes and rates.
 - All payers (on the client/payer relationships) and associated skills, codes and rates.
 - All employees that occur on any visits for the client in the source office. The employee availability and tracking information is also copied.
- The copy feature will not allow the copy of the client in the following circumstances:

- You may not copy a client to the same office.
- The client will not be copied if the payer number already exists (in the target office) with a different payer name.
- The client will not be copied if the client already exists (in the target office) with the same name and SSN (social security number, phone number or birth date).

Copy Employee

This feature will allow you to copy an employee (and associated information) from one office to another.



- Select the **From Office** to copy the employee from.
- Select the **From Employee** name that should be copied.
- Select the **To Office** to copy the employee to.
- The employee will be copied to the target office with a new employee number.
- The following employee information is copied:
 - Employee demographic information (excluding client preferences and bonuses.)
 - Employee availability information.
 - Employee tracking information.
 - Employees pay rates.
- The copy feature will not allow the copy of the employee in the following circumstances:
 - You may not copy an employee to the same office.
 - The employee will not be copied if the employee already exists (in the target office) with the SSN (social security number.)

Check Login Count

This feature will allow you to see how many users are logged in at any given time. To access the **Check Login Count** screen, select menu option Maintenance | Check Login Count and select the **Check Login Count** menu item

A screen will be displayed that will show the:

- Distinct Network Users – by network login.
- Distinct Workstations – by workstation name.
- Actual SAM Login Entries – an occurrence for each SAM application logged into.
- For SQL databases, only current SQL connections are displayed.

Clear Function Locks

This feature may be used to clear functions that are locked from running due to SAM reporting that another user is running that function. If in fact, that user is not running the function, you can select this option to clear the function locks. Note that ALL function locks are cleared when this option is selected. This feature may only be run by a user that has been designated as a “System Administrator.”

Command Window

This feature gives access to a Visual Fox Pro command window and has been added for troubleshooting purposes.

Defining Accounting Periods

The accounting periods your company uses must be entered into so that all the information for a period may be “locked down” and transferred to the General Ledger. Accounting periods are defined using the **Edit Accounting Periods** screen.

- To access the **Edit Accounting Periods** screen, select menu option Configuration | Accounting Periods.

Fiscal Year	Quarter	Period Number	Start Date	End Date	Closed
2004	1	02	02/01/2004	02/29/2004	*
2004	1	03	03/01/2004	03/31/2004	*
2004	2	04	04/01/2004	04/30/2004	*
2004	2	05	05/01/2004	05/31/2004	*
2004	2	06	06/01/2004	06/30/2004	*
2004	3	07	07/01/2004	07/31/2004	*
2004	3	08	08/01/2004	08/31/2004	*
2004	3	09	09/01/2004	09/30/2004	*
2004	4	10	10/01/2004	10/31/2004	*
2004	4	11	11/01/2004	11/30/2004	*
2004	4	12	12/01/2004	12/31/2004	*
2005	1	01	01/01/2005	01/31/2005	*
2005	1	02	02/01/2005	02/28/2005	*
2005	1	03	03/01/2005	03/31/2005	*
2005	2	04	04/01/2005	04/30/2005	*
2005	2	05	05/01/2005	05/31/2005	*
2005	2	06	06/01/2005	06/30/2005	*
2005	3	07	07/01/2005	07/31/2005	*

Fiscal Year : 1999

Quarter : 1

Period Number : 01





Start Date : 01/01/1999



End Date : 01/22/1999

WFS 08/28/1999 02:10 PM

List of fiscal periods for the company

1:57 PM

- The **Edit Accounting Periods** screen is displayed.
- If no accounting periods have been defined, you must add them.
- Click the **New**  button.
- Type in the **Fiscal Year** (four digits).
- The **Quarter** will default to “1” - press the tab key to accept this default or type over the value.
- The **Period Number** will default to “01” - press the tab key to accept this default or type over the value.
- Enter the period **Start Date**.
- The **End Date** will default to the end of the start date’s month - press the tab key to accept this default or type over the value.
- Click the **Save**  button.
- To add another period, click the **New**  button.
- Notice that all fields will default to the next month-based period.
- Complete the information for the new period and click the **Save**  button.

You cannot modify a period – you must delete it and add it using the **Delete**  and **New**  buttons. This is done because it is assumed that the periods for fiscal years are entered for the next several years during the same editing session. This screen is optimized to make this one session simple and quick.

The periods are used on the General Ledger reports screen to organize sales, cost, payments, cash applications, and adjustments into date ranges. Before information for a period can be transferred to the general ledger, the period must be closed.

Defining Skills

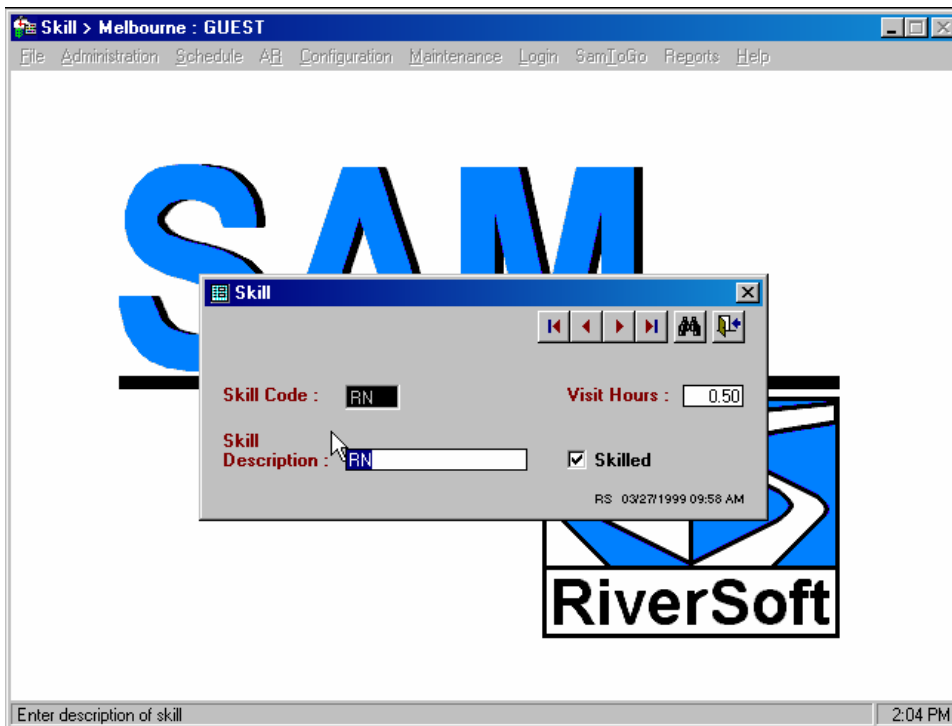
SAM is delivered with a standard set of predefined skills, but an organization may define additional skills. Skills are associated with employees in order to determine the type of work they are capable of doing (i.e. Registered Nurse, Homemaker). Skills can also be associated with a client in that the client needs employees that have certain of skills. The skills of the employee and the needed skills on a client are used by the Employee Matching function.

Because Skills are such a important part of the infrastructure for your SAM setup, adding and saving Skills have been restricted to the “RiverSoft” login. Please contact RiverSoft for access.




Refer to the **Defining Clients** and **Defining Employees** for information on associating skills with employees and clients.

Skills are also associated with doctor orders, schedule orders, and visits to determine the type of service that is being requested. The Employee Matching function on visits matches the desired skill on a visit with employees who have the skill.

Each predefined skill delivered has an associated account used in the General Ledger. These accounts are used in tracking cost and sales information for visits associated with the skills. Other skills may be defined by an office and added to the skills database using the **Edit Skill** screen. These new skills will be grouped into one default General Ledger account. If it is necessary to track these skills individually in the General Ledger, your software representative must be contacted to set up the General Ledger accounts.



Skills can only be added or modified at the back office.





- To access the **Skills** screen, select menu option Configuration | Skills.
- The **Edit Skill** screen is displayed.
- Click the **New**  button to add a new skill.
- Enter a unique **Skill Code** for the new skill.
- Enter a **Skill Description** for the new skill. This description is used in all skill lists and combo boxes.
- Enter the amount of time that a visit represents for this new skill in the **Visit Hours** field. This is the number of credit hours an employee receives per visit for this skill. This is important because these default hours per visit will count towards the employee hours for the week and may effect when they go into overtime.
- Check the **Skilled** checkbox if doctor orders should be present for visits for this new skill.
- Be very careful to review the skill information on the screen before saving because new skills cannot be deleted after they are saved.
- Click the **Save**  button.
- Click the **Exit**  button to exit the **Edit Skill** screen.

Defining Sub-Skills

Sub-skills are associated with skills and help further describe the type of work related to the skills (i.e. Registered Nurse sub-skill of Cardiac Rehab). Sub-skills may be associated with the predefined skills delivered with this system, or they may be added to new skills defined by an organization. Sub-skills are normally added to provide specific service codes (for billing on claim forms) or specific bill rates for specific types of skills.

Sub-skills can only be added or modified at the back office.

- To access the **Sub-Skills** screen, select menu option Configuration | Sub-Skills.

- The **Edit Sub-Skill** screen is displayed.
- Click the **New**  button to add a new sub-skill.
- Enter a **Sub-Skill Description** for the new sub-skill. This description is used in all skill/sub-skill lists and combo boxes throughout the system.
- Select a skill to associate the new sub-skill to from the **Skill** combo box.
- Enter the amount of time that a visit represents for this new sub-skill in the **Visit Hours** field.
- Be very careful to review the sub-skill information on the screen before saving because new sub-skills and their skill/sub-skill associations cannot be deleted after they are saved.
- Click the **Save**  button.
- The selected skill and hours will be displayed in the **Related Skills** list.
- If the sub-skill is to be associated with another skill:
- Select the other skill to associate the new sub-skill to from the **Skill** combo box.
- Enter the amount of time that a visit represents for this new sub-skill in the **Visit Hours** field.
- After making sure the information is correct, click the **Save**  button.
- The newly selected skill and hours will be added to the **Related Skills** list.
- Click the **Exit**  button to exit the **Edit Sub-Skill** screen.

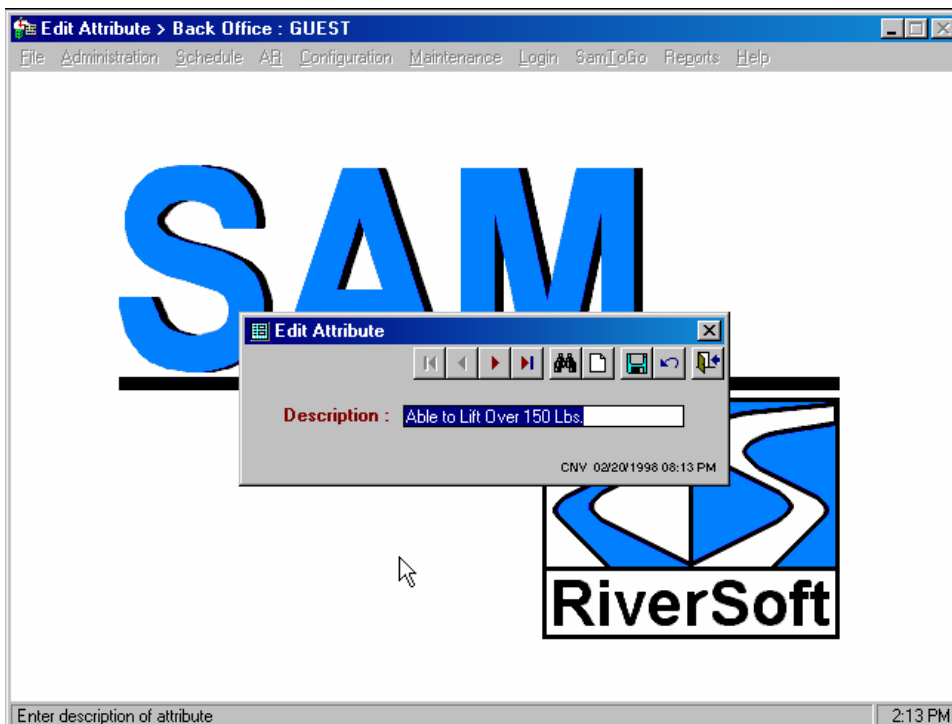
Defining Attributes




SAM is delivered with a standard set of predefined attributes, but an organization may define additional attributes. Attributes are associated with employees just as skills are and they usually describe something the employee is capable of doing (i.e. Able to Lift Over 150 Lbs., Spanish Speaking). Attributes can also be associated with a client in that the client needs employees that have certain attributes. The attributes of the employee and the needed attributes on a client are used by the Employee Matching function.

Refer to the **Defining Clients** and **Defining Employees** for information on associating attributes with employees and clients.

Attributes can only be added or modified at the back office.

- To access the **Attributes** screen, select menu option Configuration | Attributes.



- The **Edit Attribute** screen is displayed.
- Click the **New**  button to add a new attribute.
- Enter a **Description** for the new attribute.
- Be very careful to review the attribute information on the screen before saving because new attributes cannot be deleted after they are saved.
- Click the **Save**  button.
- Click the **Exit**  button to exit the **Edit Attribute** screen.

Defining Employee Tracking Items

Employee tracking items are a set of items that can be associated with an employee such as license expirations, inoculation dates, and training credits. All employee tracking items are defined by an organization. These items can be used by the Employee Matching function and can be reported using the Employee Tracking Report

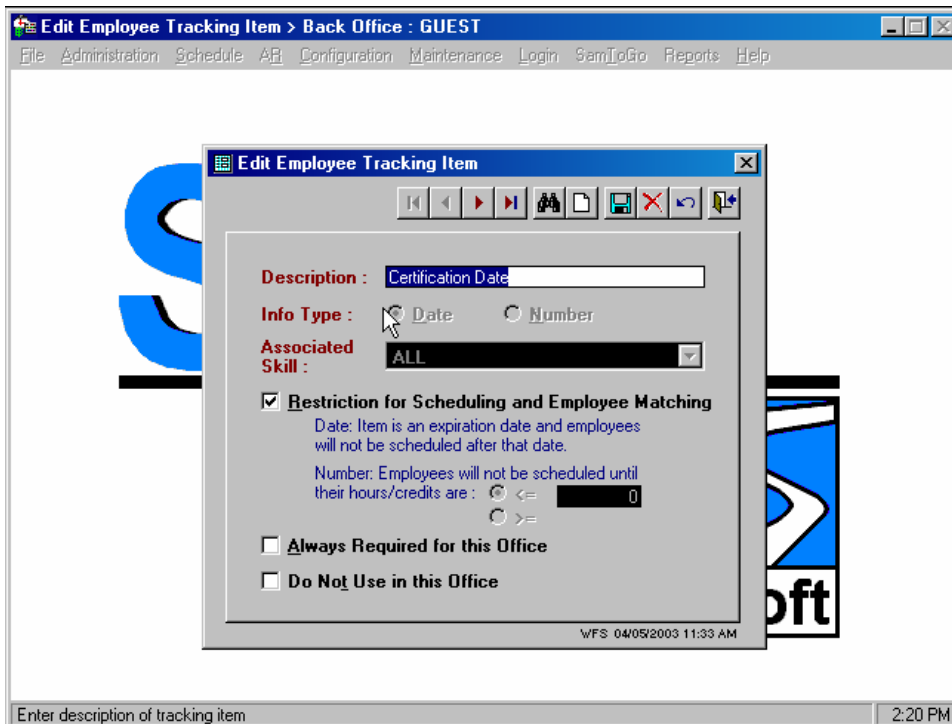
Refer to the **Defining Employees** for information on associating tracking items with employees.

If you are logged into your “admin” office you may add, edit or delete tracking items. Adding a tracking item will add the tracking item for all offices. Modifying a tracking item **will not** modify the tracking item in other offices. Deleting a tracking item will delete the tracking item for **all** offices.




If you are logged into a “non-admin” office on the back office database, you may modify the tracking items for the office but you may not add or delete tracking items.

If you are logged into a “non-admin” office and are not on the back office database (are logged into a front office database), you may not make any changes to the employee tracking items.

- To access the **Employee Tracking Items** screen, select menu option Configuration | Employee Tracking Items.
- In this example we are logged into the back office.






- The **Edit Employee Tracking Item** screen is displayed.

- Click the **New**  button to add a new tracking item.
- Enter a **Description** for the new tracking item.
- Select the **Info Type** of “Date” or “Number”.
- Select a skill from the **Associated Skill** combo box or select “ALL”.
- If the tracking item is to be used in scheduling (warnings will be given when creating, modifying, moving or copying a visit) and for employee matching, check the **Restriction for Scheduling and Employee Matching** check box.
- If the **Info Type** is “Number” and **Restriction for Scheduling and Employee Matching** is checked, enter the value of the number that will cause scheduling and employee matching to allow the employee to be scheduled.
- If the tracking item should be a required item for the office you are logged into, check the **Always Required for this Office** checkbox. It will not be possible now to delete these tracking items for employees in this office. In addition, the Employee Tracking report offers an option to report “Only Show Empty Required Items.”
- If the tracking item should not be used anymore for the office you are logged into, check the **Do Not Use** checkbox. This item will no longer be listed for any employee’s in this office.
- Click the **Save**  button.
- Click the **Exit**  button to exit the **Edit Employee Tracking Item** screen.

Defining Supplies

Supplies are billable items used during a visit with a client such as a 10 cc Syringe. SAM is delivered with a standard set of predefined supplies, but an organization may define additional supplies or replace the supplies database completely if a supply vendor is being used and the vendor has its own database.

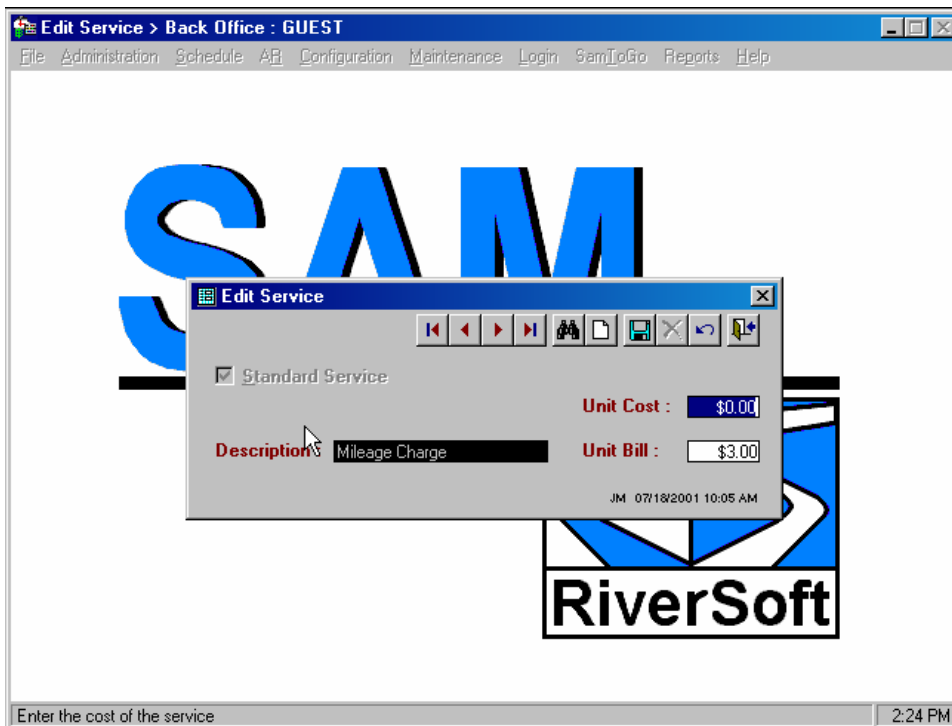
- To access the **Supplies** screen, select menu option Configuration | Supplies.
- The **Edit Supply** screen is displayed.




- Click the **New**  button to add a new supply.
- Select a type for the new supply from the **Type** combo box.
- Enter a **Description** for the new supply.
- Enter the **SKU Number** for the supply if a vender is providing the supply information. (This field is optional)
- Enter a **Revenue Code** (UB92) for the new supply.
- Enter the **HCPCS Code** (UB92 & HCFA 1500) that should appear on claim forms for the supply.
- Enter a **Modifier** (HCFA 1500) that should appear on claim forms for the supply.
- Enter the cost of the supply in the **Unit Cost** field.
- Enter the amount to bill for the supply in the **Unit Bill** field.
- Only the back office can specify that a supply is standard by checking the **Standard Supply** check box. Extra care should be taken in defining standard supplies because they cannot be deleted after they are saved. Once entered at the back office, standard supplies are copied to all front offices.
- Click the **Save**  button.
- Click the **Exit**  button to exit the **Edit Supply** screen.

Defining Services

Services are billable services provided to a client but are not employee specific (i.e. Urine Analysis or Patient Monitoring). SAM is delivered with a standard set of predefined services, but an organization may define additional services.

- To access the **Services** screen, select menu option Configuration | Services.

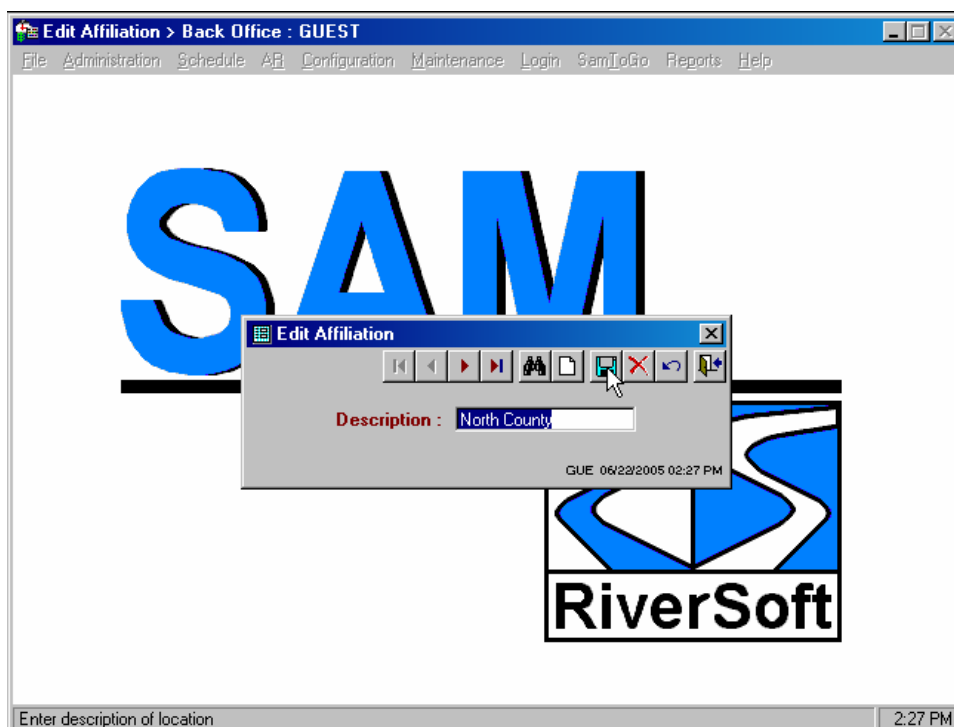





- The **Edit Service** screen is displayed.
- Click the **New**  button to add a new service.
- Enter a **Description** for the new service.
- Enter the cost of the service in the **Unit Cost** field.
- Enter the amount to bill for the service in the **Unit Bill** field.
- Only the back office can specify that a service is standard by checking the **Standard Service** check box. Extra care should be taken in defining standard services because they cannot be deleted after they are saved. Once entered at the back office, standard services are copied to all front offices.
- Click the **Save**  button.
- Click the **Exit**  button to exit the **Edit Service** screen.

Defining Affiliations

Affiliations can be a geographical affiliation used to describe an area where a client is to be serviced or an area where an employee provides service. Affiliations can also describe a care team in which clients belong to the care team and certain employees provide services to the members of the care team. The affiliation associated with an employee and/or a client is used by the Employee Matching function and on some reports for filtering purposes.

- To access the **Affiliations** screen, select menu option Administrations | Affiliations.
- The **Edit Affiliation** screen is displayed.



- Click the **New**  button to add a new affiliation.
- Enter a **Description** for the new affiliation.
- Click the **Save**  button.
- Click the **Exit**  button to exit the **Edit Affiliation** screen.

Defining Referral Sources

A referral source is an agency that refers clients and/or employees to the organization for service. Referral sources are associated with a client and/or employee when the client or employee is initially defined. An option is available on the Sales (Item) Report to report on sales based on referral sources for clients.

Refer to the **Defining Clients** for information on associating a referral source with a client. Refer to the **Defining Employees** for information on associating a referral source with an employee.

- To access the **Referral Sources** screen, select menu option Administration | Referral Sources.

Edit Referral

Company : Main Hospital

First Name : Rebecca Smith

Last Name :

Address : 123 Wilson St.

Zip Code : 32901-

Melbourne, FL / Brevard 32901


Phone #'s : ([333] 444-5555) () -



Extension : 221

Type :

GUE 06/22/2005 02:33 PM

Enter the referral's Company 2:33 PM

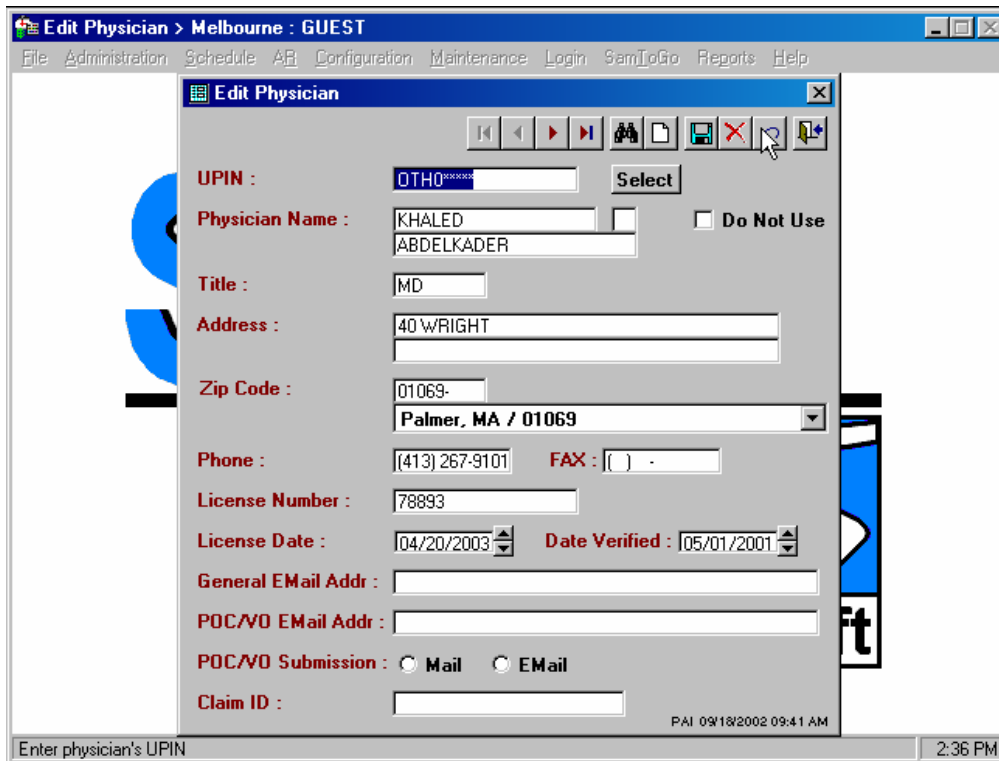
- The **Edit Referral** screen is displayed.
- Click the **New**  button to add a referral source.
- Enter the referral source's name in the **Name** field.
- Enter the referral source's address in the **Address** fields.
- Enter a **Zip Code**. If the entire zip code is not known, enter at least the first three digits. After the zip code is entered, a list of cities with the given zip code appears in the combo box below the zip code.
- Select the correct city from the combo box under the **Zip Code** field.
- Enter the **Phone #'s** for the referral source.
- Enter the phone **Extension** is appropriate.


- Click the **Save**  button.
- Click the **Exit**  button to exit the **Edit Referral** screen.


Defining Physicians


Physicians are associated with the patients Plan of Care and Verbal Orders.

- To access the **Physicians** screen, select menu option Administration | Physicians.
- The **Edit Physicians** screen is displayed.



- Click the **New**  button to add a new physician.
- Enter a unique UPIN for the new physician. Click the **Select** button to search for the physicians UPIN.
- A physician UPIN may be up to 12 characters. The UPIN must be unique per physician. SAM only allows input of UPINs where first character is “alpha” followed by 11 “alpha numeric” characters. Special characters and punctuation characters are not allowed.
- How UPINs appear on claims:
 - A standard UPIN begins with an alpha letter and is followed by 5 numeric digits.
 - If a UPIN has less than 3 characters, therefore, not standard, the claim will show OTH000.
 - If you do not know the UPIN for the physician you may use one of the following standard UPINs.

- INT - Prefix is used for INTERNS without standard UPINs. Input the UPIN as INT000 followed by a unique 3 characters for the physician. The UPIN will print as INT000 on the claim.
- PHS – Prefix is used for Public Health Service physicians. Input the UPIN as PHS000 followed by a unique 3 characters for the physician. The UPIN will print as PHS000 on the claim.
- RET – Prefix is used for RETIRED physicians. Input the UPIN as RET000 followed by a unique 3 characters for the physician. The UPIN will print as PHS000 on the claim.
- RES – Prefix is used for RESIDENT physicians. Input the UPIN as RES000 followed by a unique 3 characters for the physician. The UPIN will print as RES000 on the claim.
- VAD – Prefix is used for Veteran’s Administration physicians. Input the UPIN as VAD000 followed by a unique 3 characters for the physician. The UPIN will print as VAD000 on the claim.
- OTH – Prefix is used for other physicians without a standard UPIN. Input the UPIN as OTH000 followed by a unique 3 characters for the physician. The UPIN will print as OTH000 on the claim.
- Enter the physician’s first name, middle initial and last name in the **Physician Name** fields.
- If the physician is not to be used anymore, click on the **Do Not Use** check box.
- Enter a title for the physician in the **Physician Title** field. This may be MD or Dr., etc.
- Enter the physician’s address in the **Address** fields. The first address line is for street address or PO Box numbers. The second line is for apartment or suite numbers, etc. If a street address is long and will not fit in line one, its okay to overlap it on line two (avoid splitting a word in half when you use two lines for the address, if you can, because it is printed with a space where the split occurs).
- Enter a **Zip Code**. If you do not know the entire zip code, you must enter at least the first three digits. After you enter the zip code, a list of cities with the given zip code appears in the combo box below the zip code.
- Select the correct city from the combo box under the **Zip Code** field. Use up or down arrows on the keyboard to find the city; or click the down arrow on the combo box to display the list of cities, and then click the city.
- Enter the physician’s telephone numbers in the **Phone #** and **Fax** fields if known.
- Enter the physician’s **License Number; Licenses Date** and **Date Verified** if known.
- Enter the physician’s Email address in the **General Email Addr** field if known.
- If the Plan of Care or Verbal Orders are to be sent to the physician using the XML interface, the **POC/VO Email Addr** field should be populated with one or more character strings describing the Care Plan Oversight system that will be used. (“acm”, “eclickmd” or “alacare”)
- Select whether the Plan of Care and Verbal Orders should be sent to the physician via **Mail** or **Email** if known
- If the physician has a specific ID for a program, i.e. Medicare, enter the ID in the **Claim ID** field.
- Click the **Save**  button.

- Click the Exit  button to exit the Edit Physician screen.

Managing Standard Plan of Care Phrases

Standard Plan of Care phrases are configurable for each organization and can be used as standard building blocks with verbiage is added to different parts of the plan of care. In this way, descriptions of similar or exact situations can be standardized. Phrases are stored and accessed by category, code, ICD9 type and by skill code.

The ICD9 Code for phrases is limited to the first three characters of the ICD9 Code. This, in effect, means that the phrase is for that ICD9 Code and all levels beneath it.

- To access the **Phrases** screen, select menu option Administration | 485 Phrases.

Phrase > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Phrase

Category : **Discharge Plan**

Code : DSM-DP

Phrase : DISCHARGE PATIENT AFTER 4TH VISIT TO CLIENT STATUS UNDER SELF-CARE WITH FAMILY AND MD SUPERVISION, AND WITH CONTINUED TELEPHONIC NURSE MONITORING/SUPPORT 1-2 X /WEEK X 1 WEEK THEN EVERY 2 WEEKS X 6 WEEKS, THEN EVERY 4 WEEKS X 36 WEEKS.

ICD9 Type : **ALL**

ICD9 Code : **Select**

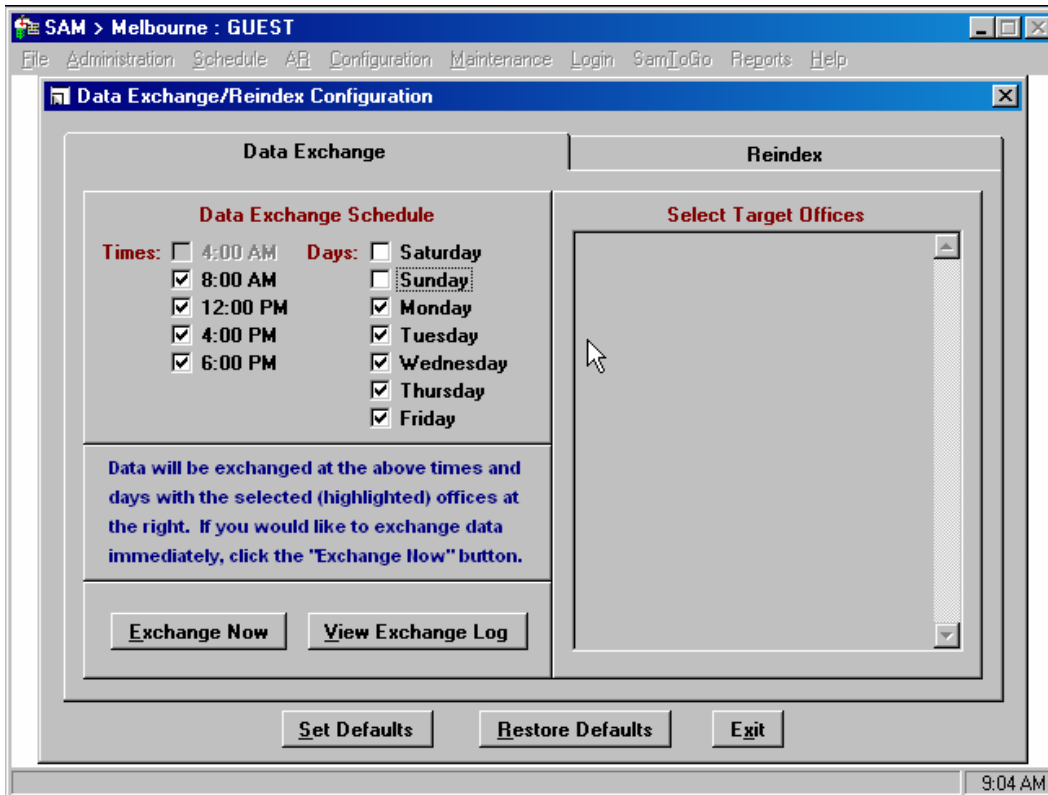
Skill Code : **ALL**

WFS 02/11/2002 10:46 AM

Select the Phrase Category 2:40 PM

Data Exchange/Reindex

To setup the **Data Exchange/Reindex** options, select menu option Configuration | Data Exchange/Reindex.



To setup Data Exchange to process automatically in your back office:

1. Access the Data Exchange/Reindex Configuration screen.
2. On this screen, you may specify the times of day, the days of the week, and the office(s) for which data will be exchanged.
3. Click the **Set Defaults** button.
4. Exit the screen.

SAM's RiverSoft Process Monitor service (which is automatically running continually on your server(s)) will automatically process the requested data exchanges.

For your front offices, there is no need for any setup in SAM, the function that processes data exchange files will be done automatically by the RiverSoft Process Monitor service.

Exchange Now

If for any reason you would like to exchange data with an office immediately (for instance, you would like their payroll information NOW), select the target office and click the "Exchange

Now” button. SAM will send a request to the RiverSoft Monitor Process service to begin a Data Exchange. Data for the front office will be extracted, a connection with the office will be established, and the file will be sent to the office. This will take about a minute. After the file is delivered, the screen will wait 5 minutes to give the program in the front office time to process the received file and produce an export file of its own. Then a connection with the office will be reestablished and the file will be pulled from the front office and imported into the back-office database.

If you are using a modem and phone line to communicate with your front office(s):

In order for the Remote Access Service modem connections to work, it is imperative that the computer running AutoDEX is logged into the network with the “RiverSoft” username.

Also, each RAS dialup entry should be manually tested, meaning that you should be able to connect to the front office (without being prompted for a password) and successfully map to the remote database.

To exchange data to a front office, a dialup entry must be added to your Dialup Networking folder named using the following format: SAM-9999-FrontOfficeName, where 9999 is the office code of your front office or DEX-9999-FrontOfficeName.

If you are using the network to communicate with your front office(s):

Data Exchange will first try to locate either the server name or IP address defined for the office. If located, the data exchange will occur over the network. If not located, data exchange will then use RAS dialup to connect to the front offices.

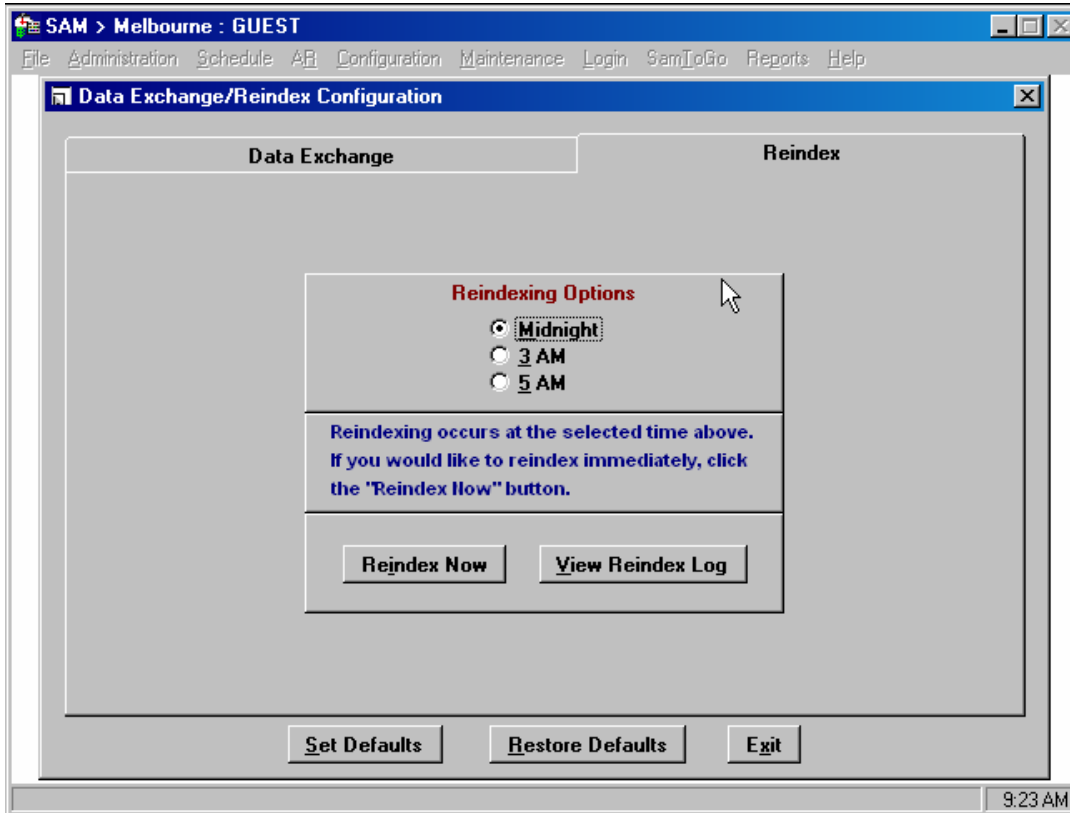
To exchange data to a front office, a dialup entry must be added to your Dialup Networking folder named using the following format: SAM-9999-FrontOfficeName, where 9999 is the office code of your front office or DEX-9999-FrontOfficeName.

The dialup entries are still required in the Dialup Networking folder to inform Data Exchange of the offices to exchange with; however, the phone numbers are not used.

View Exchange Log

This function allows you to see what Data Exchange has been doing. In it you will see when offices were called, what files were sent where, and dial-up connection errors. This log keeps the last seven days of entries.

Reindex (Fox Pro Databases Only)



To setup Reindexing to process automatically in your back **or** front office:

1. Access the Data Exchange/Reindex Configuration screen.
2. On the Reindex screen, mark the times you would like SAM to reindex your data.
3. Click the **Set Defaults** button.
4. Exit the screen.

SAM's RiverSoft Process Monitor service (which is automatically running continually on your server(s)) will automatically process the requested reindexes.

Each night at midnight, 3 am, or 5 am, this screen will perform database maintenance (including reindexing the database) and save a zipped version of the database. If the database maintenance does not occur, users logging in will be notified by the message "The indexing program did not run last night." Also, Data Exchange imports will be blocked until the database maintenance process has successfully occurred. This database maintenance process can be manually run by clicking the **Reindex** Now button.

When you request "reindex now", SAM sends the request to the new RiverSoft Process Monitor service which is automatically running at all times on your server.

If you request “reindex now”, then exit the reindex log screen, SAM will automatically close SAM and restart SAM. Therefore, we recommend you leave the reindex log screen open until the reindex has completed so you can see when it is finished.

You may redirect where the “SAMDB#.ZIP” file (a backup of your database) is created by entering a new record in your N:\SAM.INI file for “INI_SAMDB_PATH,”.
For example: INI_SAMDB_PATH,c:\backup

View Reindex Log

This function allows you to see what Reindex has been doing. In it you will see when the database was indexed and when a backup copy of your database was made. This log keeps the last seven days of entries.

Workstation Environment Size

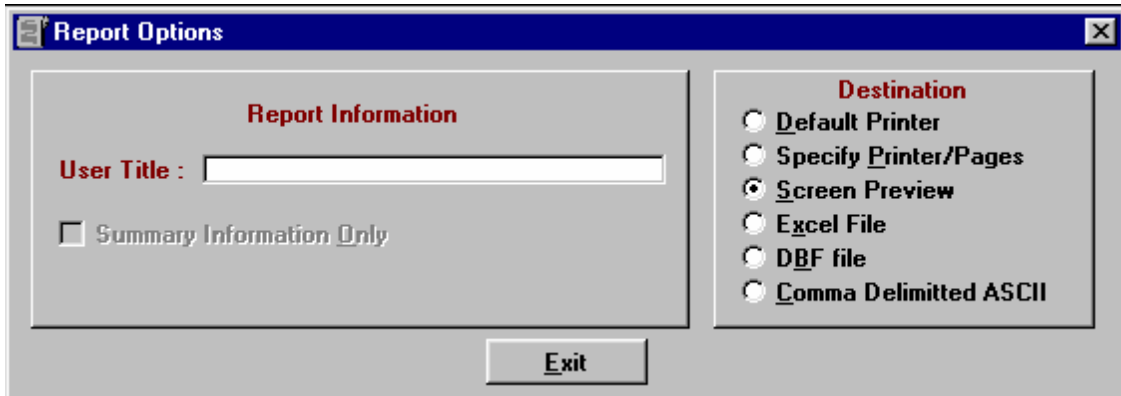
If your workstation PC gets the error, “Out of Environment Space,” while running “Update Software from Server,” perform the following steps, then restart your computer:

- Click **Start** Button
- Click **Run**
- Type **sysedit** in the **Open** box then click **OK**
- Click the Config.sys file
- Add the following Shell command at the bottom of the file, or replace any existing Shell command with the following line:

```
SHELL=C:\WINDOWS\COMMAND.COM /E:4096 /P
```

Reports

Report Options



All of the Reports may be conditioned using the Report Options feature to output to any of the following Destinations:

- Default Printer – the report will print on the printer that has been defined as the default for the current workstation.
- Specify Printer/Pages – this option will display a screen where you may specify the printer and/or define what pages you would like printed.
- Screen Preview – the report will be previewed on your screen, and may be printed from the print preview.
- Excel File – you will be prompted to specify the path and filename for the .xls file that will be created. Reports will default to N:\Excel Files.
- DBF File – you will be prompted to specify the path and filename for the .dbf (and .dbt file if any comments are included) that will be created. Reports will default to N:\DBF Files.
- Comma Delimited ASCII – you will be prompted to specify the path and filename for the .csv file that will be created. Reports will default to N:\CSV Files.

Using Microsoft Access to read Report DBF Report Files

- Use the **Report Options** button on any report screen and select format **DBF**. This creates a FoxPro free table in folder N:**DBF Files**
- Open Microsoft Access.
- Create/Open an Access database with a name such as **Report DBF Files**
- Click the following menu items: **File->Get External Data->Link Tables...**
- From the **Link** screen, field **Files of Type:**, select option **ODBC Databases()**
- From the **Select Data Source** screen, click the **Machine Data Source** tab.
- If this is your first time using Access for Report DBF files, you must create a data source. Otherwise, skip to the next bullet.
 - Click the **New** button.
 - From the **Create New Data Source** screen, select the **User Data Source** option, and then click the **Next** button.

- Select driver **Microsoft Visual FoxPro Driver** (read carefully), click **Next** button, and then the **Finish** button.
- From the **ODBC Visual FoxPro Setup** screen, field **Data Source Name** type a name such as **Report DBF Files**. On the **Database Type** option, select **Free Table Directory**. In the **Path** field, type **N:\DBF Files**. Then click the **OK** button.
- Back on the **Select Data Source** screen, select data source **Report DBF Files**, and then click the **OK** button.
- Back on the **Link** screen, select one or more of the DBF files, and then click the **OK** button.
- Access likes to have unique fields on the tables to allow it to update records properly. When asked for a unique field, look for field names beginning with **primekey**.
- At this time, the DBF files should be listed in the Access database.

Weekly Reviews

The following reports are good reports to run weekly.

Client Payer List

Use this report to review newly entered client-payer relationships for the week. The most important thing to check is that each relationship is correctly entered and that valid skills and their associated codes are entered correctly. These valid skill(s) are what determines what type of visits can be scheduled. This report is available in the Scheduling application group under the Client/Payer function group.

Employee Tax Withholding Report

Run this report each week to determine if any employee's withholding information has changed. Any changes in the comment area must be manually entered into your payroll system, such as SBT. Garnishments are tracked in the comment area and any changes to these must be manually updated before payroll checks are generated. This report is available in the Scheduling application group under the Employee function group.

Visit Compliance Report

This report will show what visits are out of compliance and why. It is a good idea to use this report on an audit bases to see how the front offices are using the compliance checking features. This report is available in the Scheduling application group under the Work/Sales function group.

Note: Any compliance rule that is older than 1 year (based on the end date of the rule) will be purged nightly when the system reindexes by default. If you wish to modify this default time-frame, add the following line to your n:\sam.ini file (where # is the number of months back to keep compliance rules): `Ini_Comp_Rules_Purge_Month,#`

Employee Tracking Report

This report will help you determine when employee's professional requirements are expiring. It is a good idea to run this weekly at the front office and notify employees when they must complete course work or renew a license. It is also a good idea to run this at the back office to audit how well employee's professional requirements are being tracked. This report is available in the Scheduling application group under the Employee function group.

Visit Report

This report may be run to check for any late time-slips. You may condition the report to those visits that have been confirmed but never verified. This report is available in the Scheduling application group under the Work/Sales function group.

Billing Application Group Reports

Accounts Receivable Function Group Reports

401k and Paycheck Reporting

This report uses the SBT data to report 401k eligibility, contributions, paycheck information, and State W2 (currently for Massachusetts only) information. If you are not using SBT, this report will not report any information.

401k and Paycheck Reporting > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

401k and Paycheck Reporting

Select the offices or company to report for...

Code	Office	Company	State
0001	Back Office	01	MA
0002	Melbourne	03	FL

Company # St Fed Tax ID
No Company No XXX NO EIN

Report Type:

☒ Eligibility
☐ All Employees
☒ New Eligible Only
☐ Contribution
☐ Paychecks
☒ Sort By Name
☐ Sort By Check No
☐ Void Only
☐ Mass. W2
☐ Wilmington W2

From Date or As Of Date: 06/22/2005
To Date: / /

Generate Report Options Exit

Detail Report - Destination : Screen Preview Title : NONE

3:17 PM

Adjustment Report

This report shows all item and invoice adjustments in the system.

The screenshot shows a software window titled "Adjustment Report > Melbourne : GUEST". The window has a menu bar with "File", "Administration", "Schedule", "AR", "Configuration", "Maintenance", "Login", "SamToGo", "Reports", and "Help". The main area is a dialog box titled "Adjustment Report" with several sections:

- ADJUSTMENT DATE**: "Start" and "End" date pickers, both showing "/ /".
- ADJUSTMENT STATUS**: Radio buttons for "Any" (selected), "Completed", "Rejected", "Pending", and "Transmitted".
- ADJUSTMENT TYPE(S)**: Checkboxes for "Invoices", "Visits", "Pay Items", "Services", and "Supplies", all of which are checked.
- INVOICE ADJUSTMENT TYPE(S)**: Checkboxes for "Shift Payment Responsibility", "Contractual Allowance", "Write Off", "Accrued Interest", and "Other", all of which are checked.
- EMPLOYEE OR CLIENT/PAYER**: Radio buttons for "Any" (selected), "Employee", and "Client/Payer". Below "Employee" and "Client/Payer" are text input fields and "Select" buttons.
- Other Options**: Checkboxes for "Payroll Only" (unchecked), "Ignore Rebills" (checked), "Include Payer" (checked), "Include Description" (checked), and "Include Sub-Totals" (checked).

At the bottom of the dialog are three buttons: "Generate", "Report Options", and "Exit". Below the dialog, a status bar shows "Detail Report - Destination : Screen Preview Title : NONE". The bottom of the main window has a prompt "Enter the adjustment Start date." and a clock showing "3:17 PM".

General Ledger Cash – AR Summary

This report will show cost, sales, adjusted sales, payments, cash applications, AR sales – cash applied, hours and shifts. It is important to run one of the General Ledger Reports to populate the general ledger table for the period selected, prior to running this report.

The screenshot shows a software application window titled "GL Summary Selection > Melbourne : GUEST". The menu bar includes File, Administration, Schedule, AR, Configuration, Maintenance, Login, SamToGo, Reports, and Help. A "Select Report" dialog box is open, displaying the "GL Summary Selection" window. The dialog box has a left sidebar with "APPLICATION" and "FUNCTION" sections. Under "APPLICATION", "Billing M" is selected. Under "FUNCTION", "Account" is selected. The main area of the dialog box contains the following text: "Select the office and period range to report cash applied and change in AR totals by payer class. Period(s) selected should be closed or must have had GL reporting done at least once." Below this text are the following fields: "Office:" with a dropdown menu showing "ALL"; "From:" with a date range "2005-06 06/01/2005 to 06/30/2005"; "To:" with a date range "2005-06 06/01/2005 to 06/30/2005"; and two checkboxes: "Report only for Week Ending" (unchecked) and "For Medicare, show PPS sales instead of visits" (unchecked). At the bottom of the dialog box are three buttons: "Generate", "Report Options", and "Exit". Below the buttons, the text "Detail Report - Destination : Screen Preview Title : NONE" is displayed. The status bar at the bottom of the application window shows "Select office" and "3:18 PM".

General Ledger Reports

These reports show cost and sales, unqualified / qualified sales and cost by discipline, payments and cash, invoice adjustments and workers compensation information for past periods, the current period or a date range, for one or multiple offices.

For Interim agencies, we recommend running the “Weekly Licensed/Unlicensed Sales” report to report weekly royalty sales to Interim Corporate.

Period Sales, Cash, Adjustment, and Worker's Compensation Reports > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Period Sales, Cash, Adjustment, and Worker's Compensation Reports

Office : ALL

Period : 2005-06 06/01/2005 to 06/30/2005

Week Ending Dates Within Period
06/01/2005 - 06/30/2005

Service : /// - ///

☐ Sales and Cost Entries
☒ Summary Sales
☒ Qualified/Unqualified by Discipline
☐ Cash Entries
☐ Adjustment Entries

☐ Report Worker's Compensation
☐ Summary Only

☐ Weekly Licensed/Unlicensed Sales
06/17/2005

SORT SALES REPORT BY

☐ Office
☐ Payer Class
☐ Transaction Type
☐ Employee Type
☐ Bill Unit
☐ Service Location
☐ Description

Applies only to sales and cost, summary, discipline, and worker's compensation reports

☒ Selected Period Only
☐ Quarter to Date
☐ Year to Date

☐ Create Excel Files Instead of Reports
☐ Create SBT GL Import File
☐ Create Excel GL Import File

Generate Report Options Exit

Detail Report - Destination: Screen Preview Title: NONE

Select office 3:18 PM

Invoice Aging Report

This report shows invoice aging information. Receivables are aged into seven separate buckets. The total amount outstanding for each invoice is displayed, as well as any cash applied to the invoice and collection comments.

Payer-Based Aging

By choosing the Office, Class, Payer, Client sort option, a payer-based aging may be produced. This report will show all invoices for a given class, payer sorted by each payer.

The Invoice Aging report by payer will report a Best Possible Days Sales Outstanding value in addition to the Days Sales Outstanding (DSO) value. Enter a date range used to calculate the “period days”. This date range will default to the last 13 weeks ending with the last week ending date. You may optionally change this date range. The following is the calculation for both values:

$$\begin{aligned} \text{(Days Sales Outstanding) DSO} &= \text{Total AR} / (\text{period sales} / \text{period days}) \\ \text{(Best Possible Day Outstanding) BPDSO} &= \text{Period AR} / (\text{period sales} / \text{period days}) \end{aligned}$$

Client-Based Aging

By choosing the Office, Client, Payer sort option, a client-based aging may be produced. This report will show all invoices for a given client sorted by each payer associated with the client. This is especially useful as a reference tool when talking with the client about their account.

Invoice Register

This report lists invoices by Invoice Number, Client or Payer. If you select to “Include Skill Totals Report” a report will be generated after the Invoice Register report that will give you a summary by skill. If you choose this option, the Invoice Register report will sort the invoice details by skill.

SAM > Melbourne : QA

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Invoice Register

DATE RANGE

☒ Invoice Dates **From :** 09/29/2005 **To :** 09/29/2005

☐ Service Dates

☐ Creation Dates

☐ Transmission Dates

SORT BY

☒ Invoice No

☐ Client, Payer, Invoice

☐ Payer, Client, Invoice

STATES

☒ All

☐ Final

☐ Draft

☐ Transmitted

☐ Not Transmitted

DISPLAY OPTIONS

☒ Include Addresses

☒ Include Header Info

☒ Include Payer List

☒ Include Invoice Details

☒ Include Times

☒ Include Item Adjustments

☒ Include Employee Names

☐ Include Skill Totals Report

☐ Include Only Invoices Missing Claims

SELECT CLIENT/PAYER

Client : ALL

Payer : ALL

☐ Show only DSO Ignore Invoices

Generate **Report Options** **Exit**

Detail Report - Destination: Screen Preview Title: NONE

9:09 AM

Medicare Episode Report

This report is especially useful for Medicare Cost Reporting. You can input an average cost per visit per skill so that an episode cost and gross margin can be calculated.

Visits with a skill of ST, ST Eval and ST Assistant will be shown in the ST column. Visits with a skill of PT, PT Eval and PT Assistant will be shown in the PT column. Visits with the skill of OT, OT Eval and OT Assistant will be shown in the OT column.

If you select to send the report to Excel, all of the OASIS questions that determined the PPS payment are available in the Excel file.

If you select multiple offices, the average visit copy per skill entered for each office will be used. However, the fields will be disabled for entry. To enter average visit cost per skill per office select one office.

Medicare Episode Report > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Medicare Episode Report

SELECTION ATTRIBUTES

Office: Back Office 0001
Melbourne 0002

☒ Count Billable Visits Only
☐ Exclude visits outside date range

Episode Dates
☐ Begin Date
☒ End Date

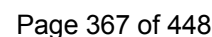
AVERAGE VISIT COST PER SKILL (for highlighted office)

SN	PT	OT	ST	MSW	HHA	Other
\$ 60.71	\$ 76.01	\$ 75.09	\$ 79.44	\$ 88.19	\$ 40.40	\$ 0.00

To activate cost report spreadsheets, choose "Exclude visits outside date range" and "Begin Date" options.

Generate Report Options Exit

Detail Report - Destination : Screen Preview Title : NONE 3:19 PM



Payment Log/Cash Application Report

This report shows details about payments received and is used to perform bank reconciliation. The Cash Application Report is also available from this screen and shows the amount of cash that has been applied to invoices from payments.

To select payers, click the “Select Payer” button and click the “Generate” button. To select multiple payers, click on the first payer and then while holding down the Shift key, click on the last payer then click the **OK** button. To select multiple non-contiguous payers, hold down the Ctrl key and click on each payer, then click the **OK** button.

SAM > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Payment Log

REPORT DATES

From: / /

To: / /

SORT BY

☒ Week Ending Date

☐ Date

☐ Payer Name

☐ Payer Class

☐ Check/RA No

☐ Invoice No

☐ Deposit No

SELECT OFFICE/PAYER

Payment Office: ALL

Payer:

Select Self Pay

Select Payer

PRINT OPTIONS

☒ Payment Log

☐ Payment Cash Application Report

☐ Payment Adjustments Report

☐ Only Non-Zero Unallocated Amounts

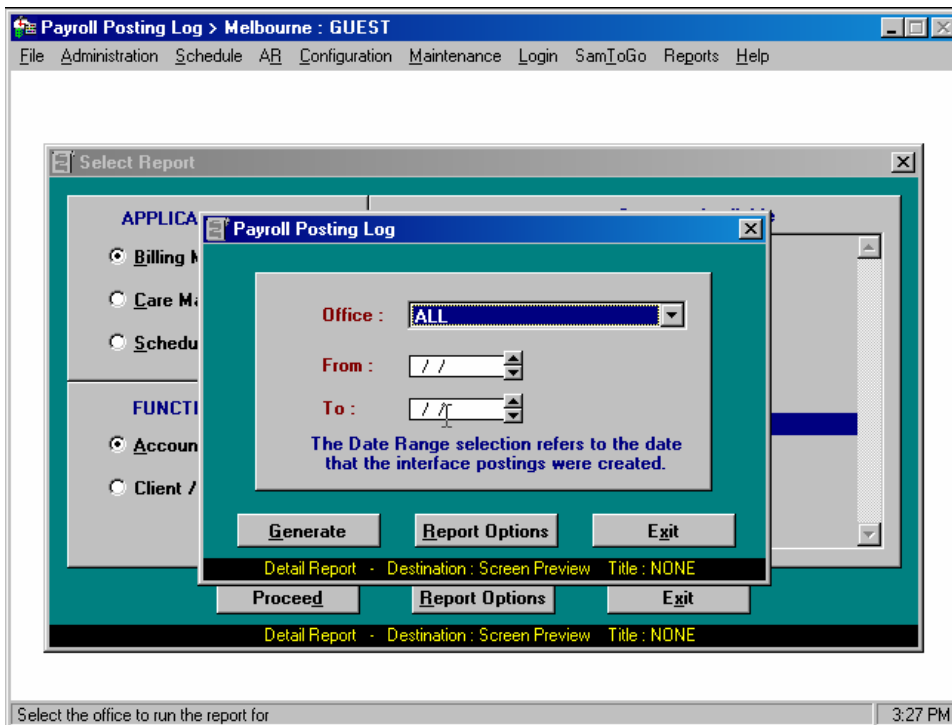
Generate Report Options Exit

Detail Report - Destination: Screen Preview Title: NONE

Enter the start Payment Date of the Payment records to report on 11:05 AM

Payroll Interface Report

This report will list postings created when a Payroll Export was processed to a payroll system.



Payroll Report

This report can be used to send to an outside payroll vender to perform your agency's payroll. When run for just an agency's contractor employees, this report can be used to check against invoices received by the accounts receivable department.

If a comment exists for a pay item, it will be included on this report.

Payroll Report > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Payroll Report

SELECTION CRITERIA

Item Status : ☒ Closed ☐ Verified

Dates : // - //

Sorted By : ☒ Service Dates ☐ Pay Rates ☐ Skill

Payroll Posted Status :

- ☐ Show only posted items
(posted items and adjustments within the date range)
- ☐ Show only unposted items
(items and adjustments not posted to payroll)
- ☐ Show all items and outstanding adjustments
(items within the date range and all unposted adjustments)
- ☒ Show all items within date range
(items and adjustments within the date range)

Employee : ALL

Emp Type : ☒ Field ☒ Staff ☒ Contractor

DISPLAY OPTIONS

- ☒ Show Visits as Hours
- ☒ Include Client Name
- ☐ Show Week-Ending Totals
- ☐ Include Zero-Pay Work Items
- ☐ Create Quickbooks Report
- ☐ Print One Employee per Page

Generate Report Options Exit

Detail Report - Destination : Screen Preview Title : NONE

Report items payrolled for this week ending date 3:28 PM

Sales (Invoice) Report

The Sales (Invoice) Report is invoice based and will report all “activity” on invoices during a selected date range. Because this report is invoice based, it can be used to balance an earlier Invoice Aging Report to a later Invoice Aging Report.

$$\begin{aligned}
 &\text{First Aging Total AR} \\
 + &\text{Total Change in Sales (*on the sales invoice report)} \\
 - &\text{Cash Applied to Aging During Date Range (*)} \\
 = &\text{Later Aging Total AR}
 \end{aligned}$$

To balance the Invoice Aging report and the Sales (Invoice) report it is necessary to run the Invoice Aging report using the “Invoice Creation Date” option and run the Sales (Invoice) Aging report using a date range equal to the period between the first and later Aging reports. For example, if you are balancing an Aging for 12/31/02 and an Aging for 1/31/03, the date range for the Sales (Invoice) Aging report should be 1/01/03 through 1/31/03.

To balance the Sales (Item) report and Sales (Invoice) report for Medicare (Only):

1. Run a Sales (Item) report for Medicare for a date range for service items only, by payroll dates, all transactions. This will give you a total items sales figure.
2. Run a Sales (Invoice) report for the Medicare payer for the same date range. This report now gives you three figures:
 - a. **Total change in sales** - the total change in invoice activity during the date range
 - b. **Total change in sales due to invoice line items with trans dates outside date range** - the portion of the figure in a. that are due to RAP or EOE service items that have “Trans dates” (payroll dates) outside the date range. This means these sales do not show on the Sales (Item) report.
 - c. If there are any invoices that have RAP or EOE service items with “Trans dates” within the reporting date range, yet their invoice creation dates are before the date range, a second Sales (Invoice) report will appear proving the **Total change in sales for invoices before the date range**.

Medicare Sales (Item) Report Sales =

Medicare Sales (Invoice) Report (**Total change in sales - Total change in sales due to invoice line items with trans dates outside date range**) + **Total change in sales for invoices before the date range for services that appear on the sales item report**

Sales (Invoice) Report > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Select Report

Sales (Invoice) Report

DATE RANGE

From : 06/22/2005 To : 06/22/2005

Office: ALL

Client : ALL

Payer : ALL

Generate Report Options Exit

Detail Report - Destination : Screen Preview Title : NONE

Proceed Report Options Exit

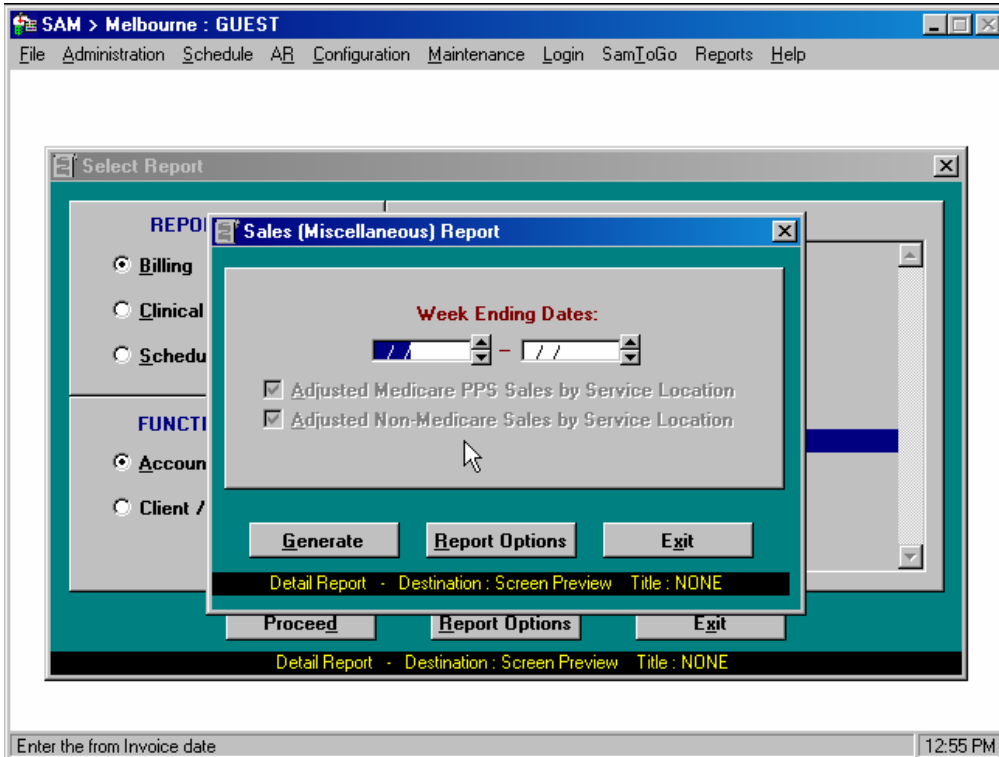
Detail Report - Destination : Screen Preview Title : NONE

Enter the from Invoice date 3:29 PM

Sales (Misc) Report

Use this report to report sales by “Service Location”. The Sales (Misc) report that will create 2 Excel (.xls) files:

1. medicaresalesbyservloc###.xls – this file reports the total sales for Medicare by “Service Location.”
2. nonmedicaresalesbyservloc###.xls – this file reports the total sales for all Non-Medicare by “Payer Class”, and “Service Location.” Also included are total costs, transportation sales and cost, sales tax and invoice adjustment totals.



Sales (Item) Report

This is an excellent report to run to report almost any information regarding closed visits.

To select skills, click the “Select Skills” button and click the “Generate” button. To select multiple contiguous skills, click on the first payer and then while holding down the Shift key, click on the last payer then click the **OK** button. To select multiple non-contiguous payers, hold down the Ctrl key and click on each payer, then click the **OK** button.

Adjustments:

Just Items – Will report only the work items, no adjustments.

Just Adjustments – Will report only the adjustments, no original work items.

Adjusted Items – Will report the work items only, after the adjustments are applied.

All Transactions – Will report both the work items and the adjustments. Adjustments reported are based on the care date of the work item adjusted.

Items with Adjustments by Date Adjusted – Will report both the work items and the adjustments. Adjustments reported are based on the date of the adjustment.

Below is an example of how the different “Adjustment” options will affect your report. This example is for Care Dates 9/1/02 – 9/10/02. This report will find any work items selected (hours, visits, pay items, etc.) that fall within that date range. In addition, this report will find any adjustments for those work items, regardless of when the adjustment was made.

Just Items				Just Adjustments			
Date	Desc	Bill Unit	Sales	Date	Desc	Bill Unit	Sales
9/1/02	Visit	5h	\$25	9/1/02	Adj-9/15/02	7h	\$35
				9/1/02	Adj-9/15/02	(5h)	\$(25)
Total		5h	\$25	Total		2h	\$10
Adjusted Items				All Transactions			
Date	Desc	Bill Unit	Sales	Date	Desc	Bill Unit	Sales
9/1/02	Visit	7h	\$35	9/1/02	Adj-9/15/02	7h	\$35
				9/1/02	Adj-9/15/02	(5h)	\$(25)
Total		7h	\$35	9/1/02	Visit	5h	\$25
				Total		7h	\$35

Output Options

Output Options, if selected will generate Microsoft Excel (.xls) spreadsheets for the data selected providing the following information:

By County and Age

Client, Visits, Hours, OT by Payerclass

Client, Employees, Visits, Hours by Skill

Payer-Client AR (Payroll Dates Only)

Hours by County and Skill

Patient Summary

State Unemployment Reporting and Electronic File Creation

Some states require that quarterly unemployment reporting be made electronically if you have over a certain number of employees. SAM gives you both a report for quarterly unemployment and the ability to create an electronic file for your state in the state's accepted format. You will need to know the password to run this report.

Unemployment Reporting > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Create Unemployment Report and Data File for the selected office(s) OR company(s)

Code	Office	Company	State
0001	Back Office	01	MA
0002	Melbourne	01	FL

Password: [Masked]

2005
☒ 1st qtr
☐ 2nd qtr
☐ 3rd qtr
☐ 4th qtr

Wage Base: 7000

The data file will be created after the report is generated.

☐ NetProfit File

Generate Report Options Exit

Detail Report - Destination : Screen Preview Title : NONE 3:30 PM

To create the electronic file, you must enter some state specific information.

Florida Wage File Information

Florida Specific Information Required to Create Electronic Wage File

Employee Account Number: [Field]

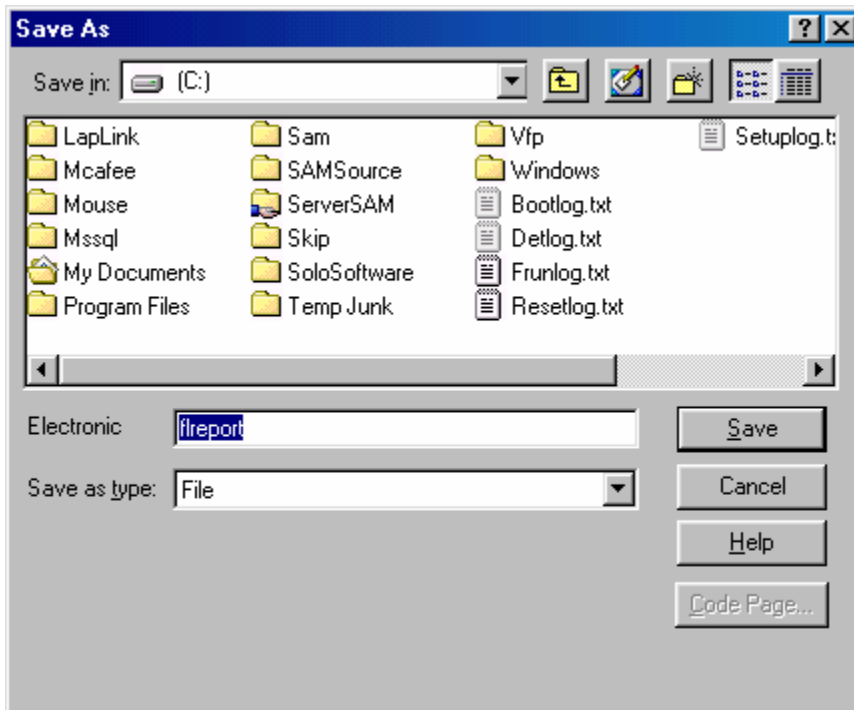
Return to...

Home: [Field]
 Address: [Field]
 City: [Field]
 Zip: [Field]

Create File Exit

Detail Report - Destination : Screen Preview Title : NONE

Before creating the file, you are given a chance to name the file and tell the system where to create it. Each state has filename that they require – these are the default names the system uses.



The file may then be copied to a floppy and sent to the state. In some instances, the state may provide you with an E-mail address to which you can mail the file.

Statements

This Accounts Receivable report gives account statements for payers and/or clients.

Statements > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

STATEMENT OPTIONS

Client: ALL

Payer: ALL

Invoice Dates: / / / /

Return Address: ☒ Lock Box Address ☐ Office Address

Mailing Address: ☒ Payer Address ☐ Client Address

Statement Memo:

☒ Only show invoices with non-zero balances

☐ Consolidate statements by payer

☐ Show Un-Allocated Cash

Generate Report Options Exit

Detail Report - Destination : Screen Preview Title : NONE

Select all or a particular client 4:08 PM

Client/Payer Function Group Reports

Client Payer List Report

This Client/Payer-type report shows the relationships of an agency's clients with the agency's payers.

The screenshot shows a software window titled "Client Payer List Report > Melbourne : GUEST". The window has a menu bar with "File", "Administration", "Schedule", "AR", "Configuration", "Maintenance", "Login", "SamToGo", "Reports", and "Help". The main area is divided into three sections: "SORT GROUP", "REPORT DATES", and "DISPLAY OPTIONS".

SORT GROUP: Contains two radio buttons: "Client" (selected) and "Payer".

REPORT DATES: Contains a checkbox "Current Payers Only" (unchecked). Below it are "From:" and "To:" date pickers. At the bottom are three radio buttons: "Start Date", "End Date", and "Last Changed" (selected).

DISPLAY OPTIONS: Contains a list of checkboxes: "Include Client Info" (checked), "Include Policy Info" (checked), "Include Payer Address" (unchecked), "Include Insured's Info" (unchecked), "Include Invoice Info" (unchecked), "Include Requirements" (unchecked), "Include Skills & Codes" (unchecked), and "Include Do Not Use" (unchecked).

SELECT CLIENT/PAYER/USER: Contains four dropdown menus: "Client:" (ALL), "Client Status:" (ALL), "Payer:" (ALL), and "CSR:" (ALL).

At the bottom are three buttons: "Generate", "Report Options", and "Exit". Below the buttons is a status bar that reads "Detail Report - Destination : Screen Preview Title : NONE".

The bottom of the window shows a status bar with the text "Sort the report by client" and the time "4:09 PM".

Scheduling Application Group Reports

Employee Function Group Reports

Employee Dispatch Report

This Employee report consists of a list of visits in the specified date range that is assigned to the specified employee(s). The visit information on the report includes the employee's name, the client's name and phone number, and the visit date, start time, and end time.

You may optionally generate the report in "Report" and/or "Calendar" format. If you select the "Report" format, the visit information on the report includes the employee's name, the client's name and phone number, and the visit date, start time, and end time. You may also include the client comment on the "Report" format. If you select the "Calendar" format, the visit information will include the employee's name, the client's name in calendar format including the start and end times of the visit. The "End of Week" will default to the end of week defined for the office; however, you may change this for the calendar format. In addition, you can control the vertical size of each calendar week. The size will be the minimum of either the value you enter or the number of visits that occur on each day.

You may optionally select to Show Time, or Show Only AM/PM or to not show times. This will affect the report and calendar output.

The screenshot shows a software window titled "Employee Dispatch Report > Melbourne : GUEST". The window has a menu bar with "File", "Administration", "Schedule", "AR", "Configuration", "Maintenance", "Login", "SamToGo", "Reports", and "Help". The main area is a dialog box titled "Employee Dispatch Report" with the following controls:

- ☒ **All Employees** (with a "Create List" button next to it)
- ☐ **Name Beginning With** (with a text input field)
- Visit Date Range :** 06/22/2005 - / /
- Affiliation :** ALL (dropdown menu)
- ☒ **Report** (with ☒ **Include Client Comment**)
- ☒ **Show Times** | ☐ **Show Only AM/PM** | ☐ **Don't Show Times**
- ☒ **Calendar** | **End of Week:** Friday | **Min Week Size:** 8
- Table headers: **Employee Name**, **SSN**, **Emp No**
- A large empty table area for the report results.
- Buttons at the bottom: **Generate**, **Report Options**, **Exit**

At the bottom of the window, a status bar shows "Detail Report - Destination : Screen Preview Title : NONE" and the time "4:09 PM".

Employee List Report

This Employee report is a list of employees defined in the system. It can be run for all office or one office in particular office.

If you select to report “shared employees”, only those employees that exist in more than one office will be reported. If “ALL” offices is selected, the most recently updated shared employee record is reported. If a particular office is selected, the shared employee record for the selected office is reported.

Employee List Report > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Employee List Report

SELECT EMPLOYEE ATTRIBUTES

Office : ALL

Employee : ALL

Skill : ALL

Type : ALL

Status : ALL

☒ Use Current Status

Status Dates : / / - / /

Attribute : ANY ☐ Not

Affiliation : ALL

Hire Dates : / / - / /

DISPLAY OPTIONS

☒ Include Vitals Info

☐ Include SSN/Fed ID

☐ Include Payroll Info

☐ Include Comment

☐ Include Availability

☐ Include Referral

☐ One Employee per Page

☐ Shared Employees Only

☐ Run Summary Report

☐ Include Last Work Date

Between : / /

☐ Not / /

☒ Visits ☒ Pay Items

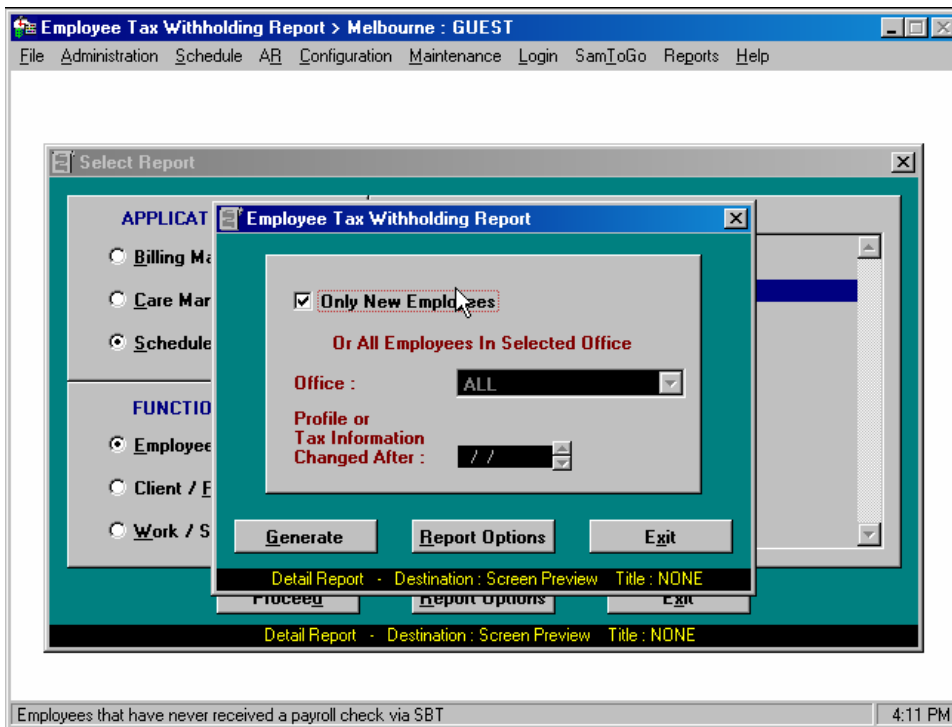
Generate **Report Options** **Exit**

Detail Report - Destination : Screen Preview Title : NONE

4:10 PM

Employee Tax Withholding Report

This Employee-type report details all the tax withholding information entered in the system for employees.



Employee Tracking Report

This Employee report shows detailed information about specified employee tracking item on employees. This report can also be used to print a list of all employees' start dates or birth dates.

To track an employee required in-service training credits or hours, refer to section **Employee Tracking**. This report will show an employee's tracking items as well as itemized sub-tracking items (like the titles of individual in-service courses attended by the employee).

You can use this report to delete hours/credits tracking items from your employee's by using the Purge option. You must select "Select Individual Item" and select the tracking item to be deleted. Then enter the date range that you wish to delete.

For example: Selecting "Inservice Hours 2004" with date range of 01/01/2004 – 12/31/2004, SAM will delete ALL occurrences of this tracking item within the selected date range for all employees in the current office.

Employee Tracking Report > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Employee Tracking Report

REPORT TYPE

- ☒ Tracking Info
- ☐ Start Date
- ☐ Birth Date (month & day only)
- ☐ Include Birth Date on Report
- ☐ Page Break on Emp

TRACKING INFORMATION

Certification Date

- ☒ Select Individual Item
- ☐ Select All Dates
- ☐ Select All Hours/Credits
- ☐ Only Show Empty Required Items

SORT ORDER

- ☒ Employee
- ☐ Skill
- ☐ Item

REPORT OPTIONS

Employee : ALL

Status : Active

Affiliation : ALL

Skill : ALL

DATE RANGE

Start Date : / /

End Date : / /

HOUR RANGE

Min. Hours : 0.00

Max. Hours : 9999.00

Generate Purge Report Options Exit

Detail Report - Destination: Screen Preview Title: NONE

Select the type of tracking information to report on 4:11 PM

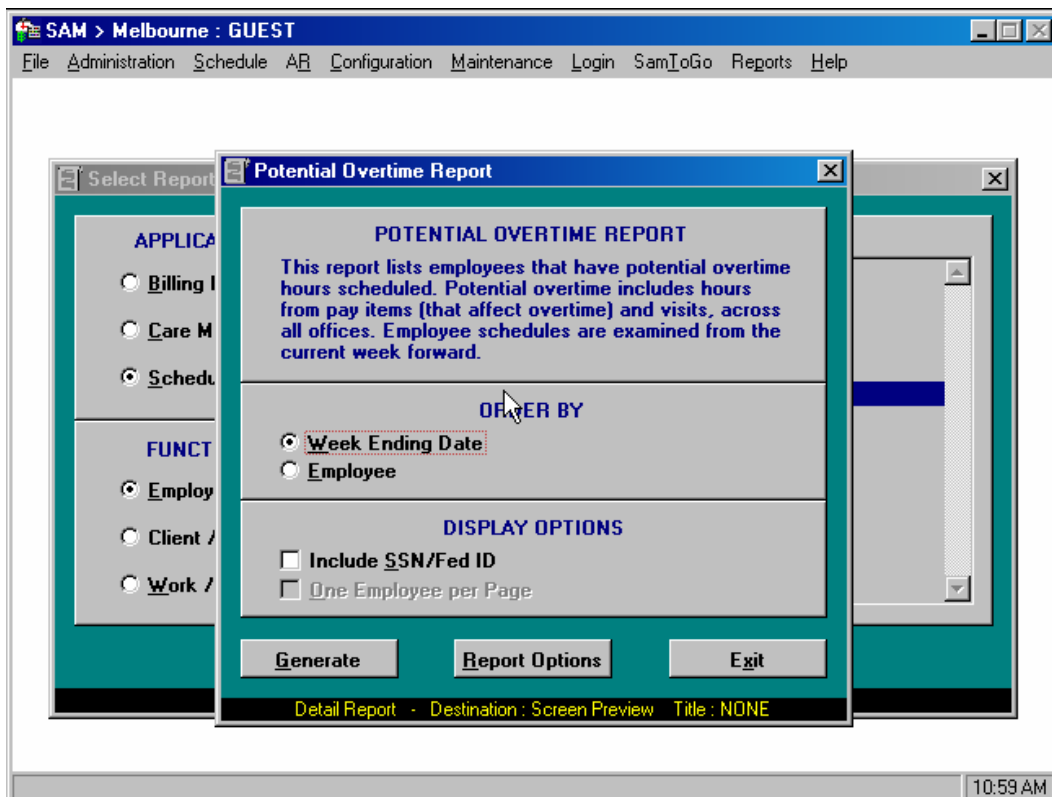
Pay Rate Report

This report shows all defined pay rates in the system including default pay rates and pay rates defined for payers, employees, payer/employee, client, payer/client and client/employee.

The screenshot shows a software window titled "Pay Rate Report > Melbourne : GUEST". The window has a menu bar with "File", "Administration", "Schedule", "AR", "Configuration", "Maintenance", "Login", "SamToGo", "Reports", and "Help". The main area is titled "Pay Rate Report" and contains a "SELECT ATTRIBUTES" section. In this section, "Payer" is selected with a radio button. Other options include "Employee", "Payer/Employee", "Client", "Payer/Client", "Client/Employee", and "Default". To the right, there is an "Effective Date Range" field with two date pickers. Below this, there is a "Skill" dropdown menu set to "ALL" and a "Unit" section with radio buttons for "Hour", "Visit", and "All". A "Create List" button is located below the "Skill" dropdown. At the bottom of the "SELECT ATTRIBUTES" section, there is a "Payer Name" label and a "Select All" button. Below this is a large empty text area. At the bottom of the window, there are three buttons: "Generate", "Report Options", and "Exit". Below these buttons, there is a status bar that reads "Detail Report - Destination : Screen Preview Title : NONE". At the very bottom of the window, there is a prompt "Select the entity to report pay rates by" and a timestamp "4:11 PM".

Potential Overtime Report

This report shows employees that have potential overtime hours scheduled (confirmed or verified.) Potential overtime includes hours from pay items (that affect overtime) and visits, across all offices. Employee schedules are examined from the current week forward. The report includes the option to sort by “Week Ending Date” or by “Employee.”



Timesheets

This report will report non-closed visits from the saved model weeks or scheduled visits sorted by employee or client.

All Timesheets:

- Timesheets can be generated for **all** employees, **one** employee, or **selected groups** of employees.
- Timesheets can be generated for **all** payer programs or **one** specific payer program.
- Timesheets can be ordered by **employee** or by **client** alphabetically when generated.
- The source of the services to be provided to the client on the timesheets can be gathered from either **the pre-scheduled confirmed visits** in the date range chosen or a **client's pre-defined model week**.
- Your software vendor must set up the attributes for the assigned tasks to be displayed on the timesheets in advance in order for the timesheets to automatically populate the values represented in the client profile's attributes.

“Other” Timesheet:

- Must be run for 1 or 2 full week range. No partial weeks are allowed.
- If a time sheet is generated for a 1 week date range, the total hours displayed will represent 1 week only not 2 weeks. If a day has two visits, the timesheet will correctly display the total hours. If more than two visits are found on a day, there will be a second timesheet generated with the additional visit.
- If a date range containing two weeks is chosen, the correct unique visits will appear on the first and second week. Note: If more than 1 visit is scheduled for a day in either week, the timesheet may not represent the correct totals and week's schedule because of the way this timesheet is formatted.
- The “Other” timesheet cannot be generated for the “1st–15th” or “16th – EOM (end of month)” date format options.

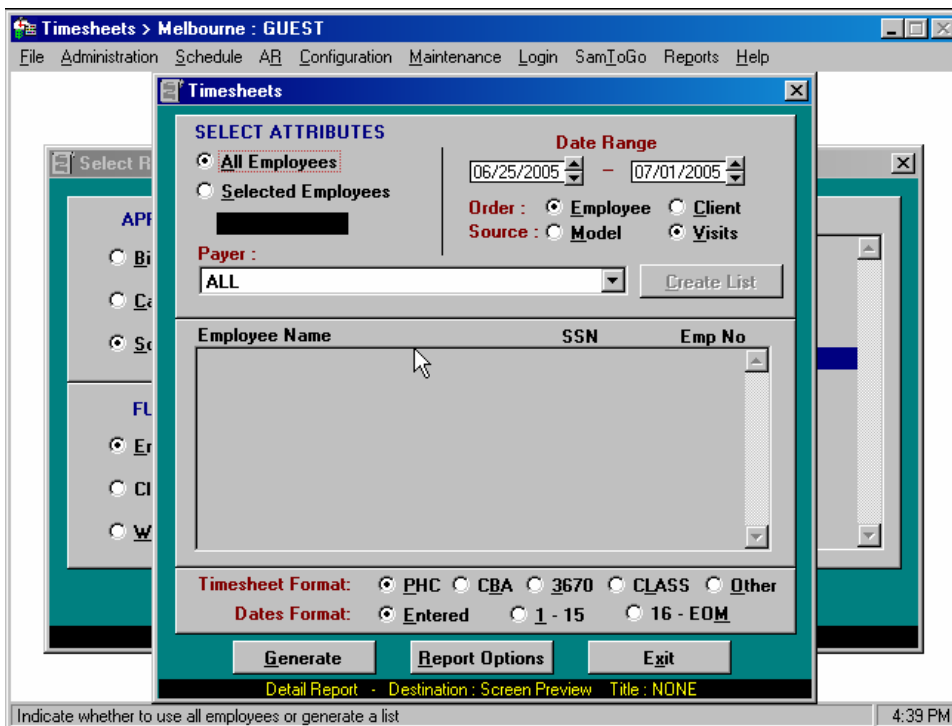
“3670” Timesheet:

- This timesheet may be generated with all three date format options “entered”, “1st–15th”, or “16th – EOM.”
- All date ranges entered must fall within the same month.
- Up to two visits per day can be displayed on the timesheet. If more than 2 visits per day are entered an additional timesheet will automatically be generated for that date range.
- When using the “1st–15th”, or “16th – EOM” date format options, you must enter a full week date range.
- When using the “entered” date format option to generate a partial week, your date selection must either begin on the week begin date or end on the week ending date.
- This timesheet only has the ability to display up to 14 assigned attributes. Any attributes after the 14th will not show on the timesheet.

“PHC, CBA, and CLASS” Timesheets:

- Can be generated with all three date format options “entered”, “1st–15th”, or “16th – EOM.”

- All date ranges entered must fall within the same month.
- Up to two visits per day can be displayed on the timesheet. If more than 2 visits per day are entered, an additional timesheet will automatically be generated for that date range.
- When using the “1st –15th”, or “16th – EOM” date format options, you must enter a full work week date range ending with a valid work week ending date.
- When using the date format option “Entered” to generate a partial week, your date selection must either begin on the week begin date or end on the week ending date.
- The CBA and PHC formats of the Timesheet Report will include a client signature line above the employee signature line if the n:\sam.ini file contains the following line:
Ini_CBA_PHC_Client_Signature, T



Client / Payer Function Group Reports

Bill Rate Report

This Client/Payer-type report shows defined bill rates in the system including default bill rates and bill rates defined for payers, clients, and payer/client relationships.

The screenshot shows a software window titled "Bill Rate Report > Melbourne : GUEST". The window has a menu bar with "File", "Administration", "Schedule", "AR", "Configuration", "Maintenance", "Login", "SamToGo", "Reports", and "Help". A sub-dialog box titled "Bill Rate Report" is open, featuring a "SELECT ATTRIBUTES" section with radio buttons for "Payer" (selected), "Client", "Rates By : Payer/Client", "Client/Employee", and "Default". To the right of these are "Effective Date Range" fields with slashes. Below is a "Skill" dropdown menu set to "ALL" and a "Unit" section with radio buttons for "Hour" (selected), "Visit", and "All". A "Create List" button is positioned below the "Skill" dropdown. The main area of the dialog is a large list box labeled "Payer Name" with a "Select All" button to its right. At the bottom of the dialog are three buttons: "Generate", "Report Options", and "Exit". Below these buttons, a status bar displays "Detail Report - Destination : Screen Preview Title : NONE". The bottom-most status bar of the main window shows "Select the entity to report bill rates by" and the time "4:44 PM".

You may optionally generate the report in “Report” and/or “Calendar” format. If you select the “Report” format, the visit information on the report includes the client’s name, the employee’s name, and the visit date, start time, and end time. You may also include the visit comment on the “Report” format. If you select the “Calendar” format, the visit information will include the client’s name, the employee’s name in calendar format including the start and end times of the visit. The “End of Week” will default to the end of week defined for the office; however, you may change this for the calendar format. In addition, you can control the vertical size of each calendar week. The size will be the minimum of either the value you enter or the number of visits that occur on each day.

You may optionally select to Show Time, or Show Only AM/PM or to not show times. This will affect the report and calendar output.

You may optionally select to Show Name or Show Skill. This will affect the calendar output only.

01/18/06 3:13 PM

Client List Report

This Client/Payer-type report is a list of clients defined in the system. It can be run for all office or one office in particular office. Choosing a status and then entering in a date range will show only the client's that were given the selected status within the selected date range. In this way, you can show all patients admitted or discharged between two date ranges.

There are four report formats available:

1. The Client List format reports brief information about each client (you may select what information is included). This reports multiple clients per page.
2. The Client Profile format report more information regarding a client. This report includes information defined on the Edit Client screen, Payers and Compliance Rules.
3. The Discharge/Transfer Summary format reports the patient's status and reason defined for that status on a Discharge/Transfer Summary form.
4. The Case Information form reports client information on a Case Information form.

If you would like to select one or multiple clients, click on the **Multi Pick Client** button. After you have filled in this screen with the conditioning you would like for the report, and then click the **Generate** button, the report will display a list of all clients that meet your conditioning criteria. To select one client, click on the client then click the **OK** button. To select multiple contiguous clients, click on the first client and then while holding down the Shift key, click on the last client then click the **OK** button. To select multiple non-contiguous clients, hold down the Ctrl key and click on each client, then click the **OK** button.

The Client List report uses the following logic when selecting by payer class or by payer:

1. When selecting a specific payer class, all clients with payer-sets (that are not "do not use") that have the associated payer class, combined with, all self-pay clients with the associated payer class that have self-pay allowed skills (skills that are not "do not use") are included in the report.
2. When selecting the payer "Private Pay," all clients with payer-sets (that are not "do not use") that have the payer class "Private Pay," combined with, all self-pay clients with payer class "Private Pay" that have self-pay allowed skills (skills that are not "do not use") are included in the report.

Client Payer List Report

This Client/Payer-type report shows the relationships of an agency's clients with the agency's payers.

The screenshot shows a software window titled "Client Payer List Report > Melbourne : GUEST". The window has a menu bar with "File", "Administration", "Schedule", "AR", "Configuration", "Maintenance", "Login", "SamToGo", "Reports", and "Help". The main area contains a dialog box titled "Client Payer List Report" with the following sections:

- SORT GROUP**: Radio buttons for "Client" (selected) and "Payer".
- REPORT DATES**: A checkbox for "Current Payers Only" (unchecked). Below it are "From" and "To" date pickers, and radio buttons for "Start Date", "End Date", and "Last Changed" (selected).
- DISPLAY OPTIONS**: A list of checkboxes: "Include Client Info" (checked), "Include Policy Info" (checked), "Include Payer Address" (unchecked), "Include Insured's Info" (unchecked), "Include Invoice Info" (unchecked), "Include Requirements" (unchecked), "Include Skills & Codes" (unchecked), and "Include Do Not Use" (unchecked).
- SELECT CLIENT/PAYER/USER**: Four dropdown menus for "Client" (ALL), "Client Status" (ALL), "Payer" (ALL), and "CSR" (ALL).
- Buttons**: "Generate", "Report Options", and "Exit".
- Status Bar**: "Detail Report - Destination : Screen Preview Title : NONE" and "Sort the report by client".

The window's title bar shows standard OS controls and the time "4:51 PM".

Payer List Report

This report shows payer information. The report may be filtered on various fields and optionally includes different information defined for the payer.

The screenshot shows a software window titled "Payer List Report > Melbourne : GUEST". The menu bar includes File, Administration, Schedule, AB, Configuration, Maintenance, Login, SamToGo, Reports, and Help. A "Select Report" dialog box is open, titled "Payer List Report". It contains two main sections: "SELECT PAYER ATTRIBUTES" and "DISPLAY OPTIONS".

SELECT PAYER ATTRIBUTES:

- Payer :** A dropdown menu with "ALL" selected.
- Payer Class :** A dropdown menu with "ALL" selected.
- Payer Program :** A dropdown menu with "ALL" selected.
- Payer Type :** Radio buttons for "ALL" (selected), "Local Payers", and "National Payers".

DISPLAY OPTIONS:

- ☒ Include Address
- ☐ Include Billing Profile
- ☐ Include Differentials
- ☐ Include Requirements
- ☐ Include Comment
- ☐ Include Skills & Codes
- ☐ Include Calendar
- ☐ Include Do Not Use

At the bottom of the dialog are three buttons: "Generate", "Report Options", and "Exit". Below the buttons, a status bar shows two lines of text: "Detail Report - Destination : Screen Preview Title : NONE" and "Detail Report - Destination : Screen Preview Title : NONE".

The main window's status bar at the bottom left says "Select a payer for the report" and the bottom right shows the time "4:51 PM".

Work / Sales Function Group Reports

Compliance Summary Report

This Work/Sales report will run compliance checking (selection on client status and payer are provided. Additional selection options allow you to ignore visits with \$0 bill rates and/or supervisory visits.). You may optionally report compliance rules with service deficits and/or visits that are out of compliance.

It is important to note that visits will only be updated with compliance information if you are running the report in a front office (or in a back office that has no front offices.) If you run the report from a back office for a front office, the compliance information is not saved on the visits. They are not updated because this would cause the updated visit to data exchange to the front office, possibly overwriting work done on the visit by the front office.

Note: Any compliance rule that is older than 1 year (based on the end date of the rule) will be purged nightly when the system reindexes by default. If you wish to modify this default time-frame, add the following line to your n:\sam.ini file (where # is the number of months back to keep compliance rules): Ini_Comp_Rules_Purge_Month,#

Compliance Report > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Compliance Report

Select date range for rule deficits and out of compliance visits

From : 06/11/2005 To : 06/17/2005

Client Status : ☒ Active (admitted) ☐ Non-Admitted
☐ Discharged ☐ Transferred
☒ Incomplete ☐ Hold

Payer : ALL

Selecting status and payer will select clients. However, the reports will include compliance information for all payers associated with the selected clients.

☒ Show compliance rules with service deficits
☐ Ignore visits with \$0 bill rates during compliance checking
☐ Ignore supervisory visits during compliance checking
☒ Show visits out of compliance with doctor orders
☒ Show visits out of compliance with insurance authorizations
☒ Show visits out of compliance with payer dates

This report will run compliance checking, however, the results will only be saved to the visits if you are running the report in the front office. If you are running the report for the front office from the back office, the results will not be saved - we do not want to overwrite visits in the front office.

Generate Report Options Exit

Detail Report - Destination : Screen Preview Title : NONE

Select start date of visit care date range 4:52 PM

Expiring Compliance Rules Report

This report may be used select a specific time frame and report compliance rules (Dr Orders, Insurance Authorization and/or Payer Authorization Dates) that are going to expire in that time frame.

Note: Any compliance rule that is older than 1 year (based on the end date of the rule) will be purged nightly when the system reindexes by default. If you wish to modify this default time-frame, add the following line to your n:\sam.ini file (where # is the number of months back to keep compliance rules): Ini_Comp_Rules_Purge_Month,#

The screenshot shows the 'SAM > Melbourne : GUEST' application window. The 'Reports' menu is open, and the 'Expired Compliance Rules Report' dialog box is displayed. The dialog box has the following fields and options:

- Expiration Date Range:**
 - From: 01/07/2006
 - To: 01/13/2006
- Client Status:**
 - ☒ Active (admitted)
 - ☐ Non-Admitted
 - ☐ Discharged
 - ☐ Transferred
 - ☒ Incomplete
 - ☐ Hold
- Payer:** ALL
- Rule Types:**
 - ☒ Show Doctor Orders
 - ☒ Show Insurance Authorizations
 - ☒ Show Payer Authorization Dates
- Print Options:**
 - ☒ Show Comments

At the bottom of the dialog box are three buttons: 'Generate', 'Report Options', and 'Exit'. Below the buttons, the text 'Detail Report - Destination : Screen Preview Title : NONE' is displayed twice. The status bar at the bottom of the application window shows 'Select start date of visit care date range' and the time '11:25 AM'.

Filled Visit Report

This report is useful in Staffing situations to get a clear picture of where visits or shifts are not being “filled”. The report includes the number of hours and shifts by each visit type, e.g. Unassigned, Confirmed, Verified, Client Cancelled, Employee Cancelled, Office Cancelled, Closed, Other and includes a % Filled column.

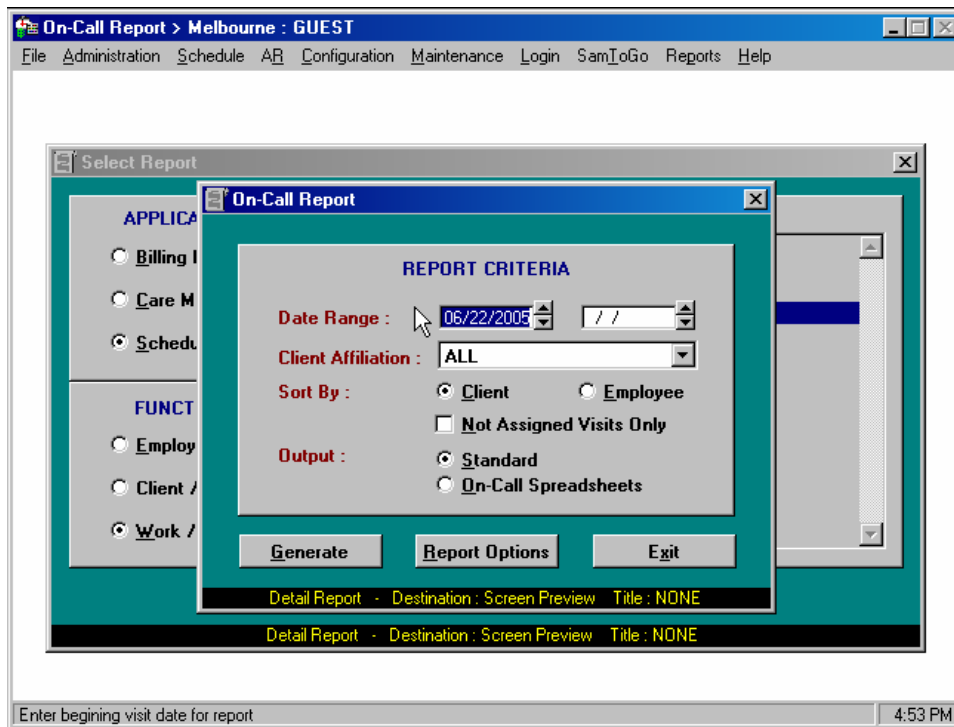
The screenshot shows a software application window titled "Filled Visit Report > Melbourne : GUEST". The window has a menu bar with options: File, Administration, Schedule, AR, Configuration, Maintenance, Login, SamToGo, Reports, and Help. A "Select Report" dialog box is open, displaying the "Filled Visit Report" configuration. The dialog box is divided into several sections:

- APPLICATION:** Includes radio buttons for "Billing", "Care M", and "Schedule". The "Schedule" option is selected.
- FUNCTION:** Includes radio buttons for "Employee", "Client /", and "Work /". The "Work /" option is selected.
- SELECTION CRITERIA:**
 - Office:** A dropdown menu showing "Back Office (0001)".
 - Date Range:** Two date pickers, both showing " / /".
 - Client:** A dropdown menu showing "ALL".
 - Employee Affiliation:** A dropdown menu showing "ALL".
- SORT ORDER:** Includes radio buttons for "Employee Affiliation/Client/Skill", "Employee Affiliation/Skill/Client", and "Client/Employee Affiliation/Skill". The "Employee Affiliation/Client/Skill" option is selected.

At the bottom of the dialog box, there are three buttons: "Generate", "Report Options", and "Exit". Below these buttons, a status bar displays "Detail Report - Destination : Screen Preview Title : NONE". The main application window's status bar at the bottom right shows the time "4:53 PM".

On-Call Report

This report shows detailed information about visits within a specified date range that have not been verified or closed. This report is generated and given to the on-call person so that they have the information they need to record scheduling changes after the agency office hours.



The “On-Call Spreadsheets” are specifically designed to report all information that On-Call might need. These spreadsheets can then be copied to a PDA device or Pocket PC for use by On-Call.

If you choose this option, and you do not have an “Ini_oncall_file_path” defined in your n:\sam.ini file, SAM will by default place the spreadsheet files in your n:\excel files folder.

If wish to have these files saved elsewhere, edit your n:\sam.ini and define an “Ini_oncall_file_path”. Example:

Ini_Oncall_File_Path,C:\Documents and Settings\RiverSoft\My Documents\Pocket_PC My Documents\Business\

The following spreadsheets are created:

1. Clients.xls – This contains a list of active clients. The following are the columns in the .xls file:
 - a. Client name
 - b. Phone
 - c. Address 1
 - d. Address 2
 - e. City
 - f. Comment
2. Client_schedules.xls – This contains visits for active clients within the date range selected. The following are the columns in the .xls file:
 - a. Client name
 - b. Visit date
 - c. Visit time (in 24 hour format)
 - d. Employee name
 - e. Skill of the visit
 - f. Hourly pay rate
 - g. Hourly bill rate
3. Employees.xls – This contains a list of active employees. The following are the columns in the .xls file:
 - a. Employee name
 - b. Skill of the employee
 - c. Phone
 - d. Alt Phone
 - e. Address 1
 - f. Address 2
 - g. City
 - h. Comment
4. Employee_schedules.xls – This contains visits for active clients within the date range selected. The following are the columns in the .xls file:
 - a. Employee name
 - b. Visit date
 - c. Visit time (in 24 hour format)
 - d. Client Name
 - e. Skill of the visit
 - f. Hourly pay rate
 - g. Hourly bill rate
5. Emp_sch_extended.xls – This contains visits for active clients within the date range selected. The following are the columns in the .xls file:
 - a. Employee name
 - b. Visit date
 - c. Visit time (in 24 hour format)
 - d. Client Name
 - e. Skill of the visit
 - f. Hourly pay rate
 - g. Hourly bill rate
 - h. Client Address 1
 - i. Client Address 2
 - j. Client City
 - k. Client Zip
 - l. Visit Status

Each time you process the report with the option “On-Call Spreadsheets” chosen, these .xls files will be recreated (overwriting any existing .xls files of the same name.)

Pay Item Report

This report shows all pay items that have not yet been “closed” within a specified date range. A specific employee and/or pay item may also be specified. If you wish to report “closed” pay items, we recommend you use the Sales (Item) Report.

The screenshot shows a software window titled "Pay Item Report > Melbourne : GUEST". The menu bar includes File, Administration, Schedule, AB, Configuration, Maintenance, Login, SamToGo, Reports, and Help. A "Select Rep" dialog is open, showing options for "APPLI" (Billing, Care, Schedule) and "FUNC" (Employee, Client, Work). The "Pay Item Report" dialog is also open, featuring a "SORT GROUP" section with radio buttons for "Employee" (selected) and "Pay Item". The "REPORT DATES" section has "From" and "To" date pickers, with "From" set to 06/22/2005. Below these are radio buttons for "Item Dates" (selected) and "Payroll Dates". The "SELECT EMPLOYEE/PAY ITEM" section contains dropdown menus for "Employee" and "Pay Item", both set to "ALL". At the bottom are "Generate", "Report Options", and "Exit" buttons. A status bar at the bottom indicates "Detail Report - Destination : Screen Preview Title : NONE" and the time "4:54 PM".

Pay Item Report > Melbourne : GUEST

File Administration Schedule AB Configuration Maintenance Login SamToGo Reports Help

Select Rep

Pay Item Report

APPLI

- ☐ Billing
- ☐ Care
- ☒ Schedule

FUNC

- ☐ Employee
- ☐ Client
- ☒ Work

SORT GROUP

- ☒ Employee
- ☐ Pay Item

REPORT DATES

From : 06/22/2005

To : / /

- ☒ Item Dates
- ☐ Payroll Dates

SELECT EMPLOYEE/PAY ITEM

Employee : ALL

Pay Item : ALL

Generate Report Options Exit

Detail Report - Destination : Screen Preview Title : NONE

Indicate whether to sort the report by employee or pay item 4:54 PM

Payroll Interface Report

This report will list postings created when a Payroll Export was processed to a payroll system.

The screenshot shows the 'Payroll Posting Log' application window. The title bar reads 'Payroll Posting Log > Melbourne : GUEST'. The menu bar includes 'File', 'Administration', 'Schedule', 'AR', 'Configuration', 'Maintenance', 'Login', 'SamToGo', 'Reports', and 'Help'. A 'Select Report' dialog box is open, displaying the 'Payroll Posting Log' report. The dialog has a left sidebar with 'APPLICA' and 'FUNCTION' sections. Under 'APPLICA', 'Billing', 'Care M', and 'Schedule' are listed. Under 'FUNCTION', 'Employ', 'Client /', and 'Work /' are listed. The 'Office' dropdown is set to 'ALL'. The 'From' and 'To' date fields are empty. A note states: 'The Date Range selection refers to the date that the interface postings were created.' At the bottom of the dialog, there are 'Generate', 'Report Options', and 'Exit' buttons. Below the dialog, a status bar shows 'Detail Report - Destination : Screen Preview Title : NONE' and 'Proceed', 'Report Options', and 'Exit' buttons. The bottom of the application window shows 'Select the office to run the report for' and the time '4:54 PM'.

Payroll Report

This report can be used to send to an outside payroll vender to perform your agency's payroll. When run for just an agency's contractor employees, this report can be used to check against invoices received by the accounts receivable department.

If a comment exists for a pay item, it will be included on this report.

Selecting the "Summary Spreadsheet" will generate a Microsoft Excel (.xls) file that will have a 1 line summary for each employee including a column for "average hours worked" which is the average number of hours worked for the time-frame selected.

SAM > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Payroll Report

SELECTION CRITERIA	DISPLAY OPTIONS
Item Status : <input checked="" type="radio"/> Closed <input type="radio"/> Verified	<input checked="" type="checkbox"/> Show Visits as Hours
Dates : [/ /] - [/ /]	<input checked="" type="checkbox"/> Include Client Name
Sorted By : <input checked="" type="radio"/> Service Dates <input type="radio"/> Pay Rates <input type="radio"/> Skill	<input type="checkbox"/> Show Week-Ending Totals
Payroll Posted Status : <ul style="list-style-type: none"> <input type="radio"/> Show only posted items (posted items and adjustments within the date range) <input type="radio"/> Show only unposted items (items and adjustments not posted to payroll) <input type="radio"/> Show all items and outstanding adjustments (items within the date range and all unposted adjustments) <input checked="" type="radio"/> Show all items within date range (items and adjustments within the date range) 	<input type="checkbox"/> Include Zero-Pay Work Items
Employee : ALL	<input type="checkbox"/> Create Quickbooks Report
Emp Type : <input checked="" type="checkbox"/> Field <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Contractor	<input type="checkbox"/> Print One Employee per Page
<input type="button" value="Generate"/> <input type="button" value="Report Options"/> <input type="button" value="Exit"/>	<input type="checkbox"/> Show Only 1st to 15th
	<input type="checkbox"/> Show Only 16th to End of Month
	<input type="checkbox"/> Summary Spreadsheet

Detail Report - Destination: Screen Preview Title: NONE

Report items payrolled for this week ending date 8:38 AM

Salaried Visit Report

This report summarizes the number of jobs and hours performed by Office, Payer Class, Week Ending, Skill, Pay Unit and Bill Unit and then provides totals by Office and Payer Class performed by your Salaried employees.

Salaried Visits Report > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Select Report

APPLICATION GROUP

- ☐ Billing Manager
- ☐ Care Management
- ☒ Schedule

FUNCTION

- ☐ Employee
- ☐ Client / Provider
- ☒ Work / Sales

Report Name Summary Available

- Compliance Summary Report
- Compliance Rules Report
- Salaried Visits Report**

From: // To: //

Generate Report Options Exit

Detail Report - Destination: Screen Preview Title: NONE

Visit Report

Proceed Report Options Exit

Detail Report - Destination: Screen Preview Title: NONE

Enter the from Invoice date 4:54 PM

Service Item Report

This report shows all service items in the system within a specified date range. A specific client and/or service may also be specified.

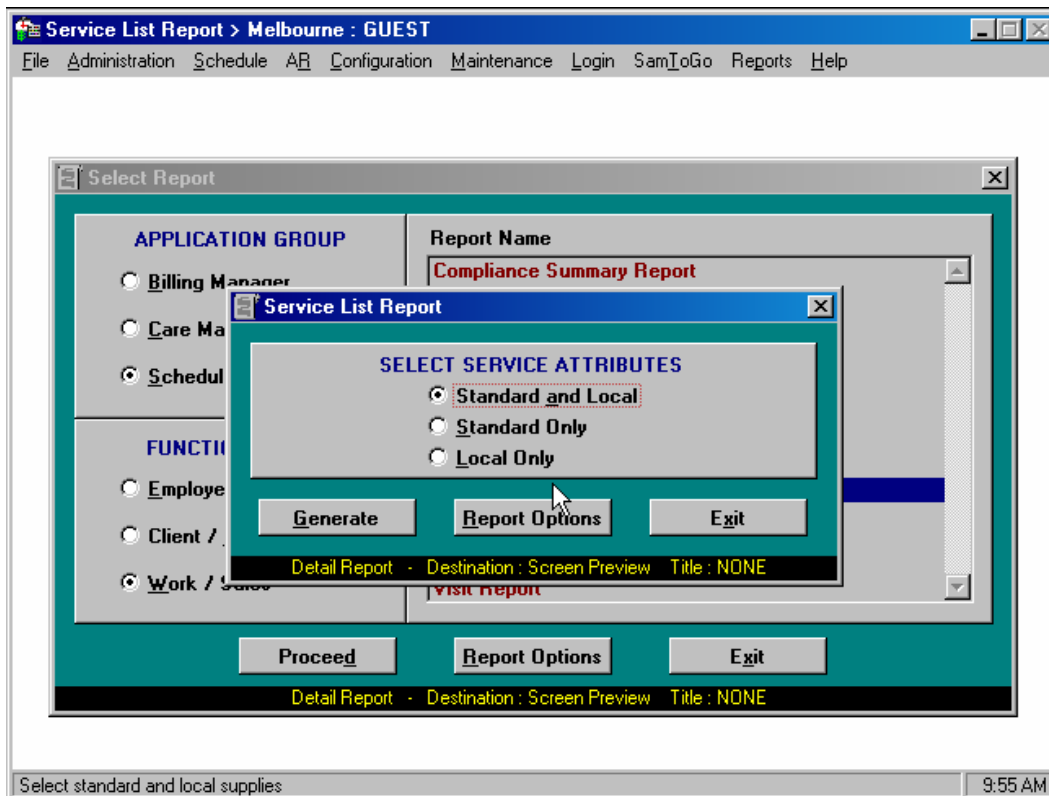
The screenshot shows a software application window titled "Service Item Report > Melbourne : GUEST". The window has a menu bar with options: File, Administration, Schedule, AR, Configuration, Maintenance, Login, SamToGo, Reports, and Help. A "Select" button is visible in the top left corner. The main content area is divided into several sections:

- Sort Group:** Contains two radio buttons: ☒ Client and ☐ Service.
- Status:** Contains three radio buttons: ☒ Closed, ☐ Not Closed, and ☐ Any.
- Report Dates:** Contains two date pickers: "From : 06/23/2005" and "To : / /". Below these are two radio buttons: ☒ Item Dates and ☐ Payroll Dates.
- Select Client/Service Item:** Contains two dropdown menus: "Client : ALL" and "Service Item : ALL".

At the bottom of the dialog box are three buttons: "Generate", "Report Options", and "Exit". Below these buttons, the text "Detail Report - Destination : Screen Preview Title : NONE" is displayed. The status bar at the bottom of the application window shows the text "Indicate whether to sort the report by client or service" and the time "9:55 AM".

Service List Report

This report shows all service items that may be chosen to add as service items for clients. You may select to report your Standard and Local services, Standard only or Local only.



Supply Item Report

This report shows all supply items in the system within a specified date range. A specific client and/or supply may also be specified.

Supply Item Report > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

SORT GROUP

☒ Client

☐ Supply

☐ Order

STATUS

☒ Closed

☐ Not Closed

☐ Any

REPORT DATES

From : 06/23/2005

To : / /

☒ Item Dates

☐ Payroll Dates

SELECT CLIENT/SUPPLY ITEM

Client : ALL

Supply Item : ALL

☐ Create text file of supplies instead of report

Generate Report Options Exit

Detail Report - Destination: Screen Preview Title: NONE

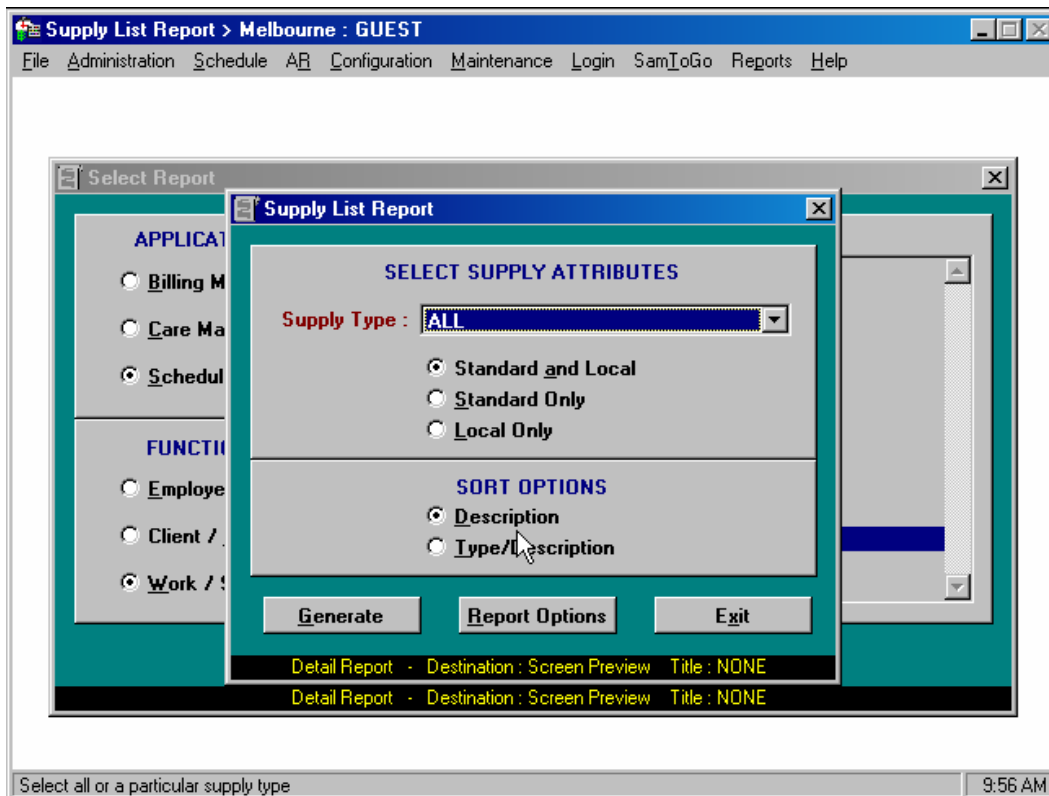
Indicate whether to sort the report by client, supply, or order 9:56 AM

If you select to “Create text file of supplies instead of report”, a text file will be created that could be used to send to your vendor for reordering of supplies. The following is the text file format:

Start	Length	
1	6	Unique Office ID
7	6	PO Number
13	15	SKU - Left Justify with hyphens
28	7	Quantity "0" Fill
35	10	Cost "0" Fill, no decimal, 5 decimal places
45	30	Description
75	2	"99"
77	22	Space Fill

Supply List Report

This report shows all supply items that may be chosen to add as supply items for clients. You may select to report your Standard and Local services, Standard only or Local only.



Transportation Report

This report shows all travel expenses in the system within a specified date range. A specific client and/or employee may also be specified.

This report will only report transportation on Verified visits. If you wish to report transportation on closed visits, please use the Sales (Item) Report. If you wish to report transportation on confirmed visits, please use the Visit Report.

The screenshot shows a software window titled "Transportation Report > Melbourne : GUEST". The menu bar includes File, Administration, Schedule, AR, Configuration, Maintenance, Login, SamToGo, Reports, and Help. A "Select Report" dialog box is open, displaying the "Transportation Report" configuration. On the left, under "APPLI", the "Schedule" option is selected. Under "FUNC", the "Work" option is selected. The "SORT GROUP" section has "Client" selected. The "REPORT DATES" section shows "From : 06/23/2005" and "To : / /". The "SELECT CLIENT/EMPLOYEE" section has "Client : ALL" and "Employee : ALL" dropdown menus. At the bottom of the dialog are "Generate", "Report Options", and "Exit" buttons. Below the dialog, status text reads "Detail Report - Destination : Screen Preview Title : NONE" and "Detail Report - Destination : Screen Preview Title : NONE". The status bar at the bottom says "Indicate whether to sort the report by client or employee" and shows the time "9:57 AM".

Visit Report

This Work/Sales-type report shows detailed information about visits in the system.

Selecting the “Verified Visit Report” option will report only verified visits in the week ending specified.

Selecting the “General Visit Report” give you the option of defining the report time frame and the type of visits to include. You may optionally have the authorization number defined on the Insurance Authorizations reported, providing a report to verify that you can use to check if you have insurance authorizations for all visits.

You may also optionally report only those visits that were imported into the office using the DLL interface with another vendor’s system (telephony, point of care, etc.)

Visit Report > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Visit Report

REPORT TYPE

☒ **Verified Visit Report** Week Ending Date : 06/17/2005

☐ **General Visit Report** Care Date Range : // //

SELECTION OPTIONS

Visit Status: []

Shift: ALL

Day of Week: ALL

Client: ALL

Employee: ALL

Payer: ALL

SORT ORDER

☒ Client/Employee/Date

☐ Client/Date/Employee

☐ Employee/Client/Date

☐ Employee/Date/Client

☐ Payer/Client/Employee/Date

☐ Payer/Employee/Client/Date

☐ Payer Class/Client/Employee/Date

☐ Payer Class/Employee/Client/Date

☐ Split Medicare/Non-Medicare

DISPLAY OPTIONS

☐ Include Visit Comment

☐ Include Visit Phone Log

☐ Include Invoice Description

☐ One Employee or Client per Page

☐ Show only imported visits

☐ Show auth # instead of visit no or status

Generate Report Options Exit

Detail Report - Destination : Screen Preview Title : NONE

9:57 AM

Clinical Application Group Reports

Patient Function Group Reports

Blank 485/487

This report will allow you to print blank 485 and a blank 487.

Blank Verbal Order

This report will allow you to print blank Verbal Order.

OASIS Potential Problem Log

This report can be used to find potential issues with your OASIS Assessments.

- Currently you may report the following problems:
 1. Patient admitted without Start of Care Assessment – reports patients that were admitted to the agency on or after the date you specify, but they do not have a start of care assessment.

2. Patient changed from hold to active without Resumption of Care Assessment – reports patients that were placed on hold on or after the date you specify, but there is not a corresponding resumption of care assessment.
3. Patient hold done without a Transfer Assessment locking within 7 days – reports patients that were placed on hold on or after the date you specify, there is a corresponding transfer assessment, but it was not locked within 7 days of the date that the assessment was completed.
4. Patient hold done without a Transfer Assessment - reports patients that were placed on hold on or after the date you specify, but there is not a corresponding transfer assessment.
5. Patient discharged without Discharge or Transfer Assessment – reports patients that were discharged on or after the date you specify, but there is not a corresponding discharge or transfer assessment.
6. Plan of Care without related OASIS assessment – reports patients that have a Plan of Care with a cert begin date on or after the date you specify, but there is not an assessment “associated” with the Plan of Care.
7. MO825 answered No, EOE created, yet 10 or more therapy visits closed – reports patients that have the “Therapy Need” question on the OASIS Equip/Therapy screen answered as No, an EOE has been created for the associated Plan of Care on or after the date you specify, yet 10 or more closed therapy visits (skills PT, OT, ST, PN (PT Assistant), PE (PT Eval), OA (OT Assistant), OE (OT Eval), SA (ST Assistant) and SE (ST Eval)) were found between the Plan of Care’s cert begin and cert end dates.
8. MO825 answered Yes, EOE created, yet less than 10 therapy visits closed – reports patients that have the “Therapy Need” question on the OASIS Equip/Therapy screen answered as Yes, an EOE has been created for the associated Plan of Care on or after the date you specify, yet less than 10 closed therapy visits (skills PT, OT, ST, PN (PT Assistant), PE (PT Eval), OA (OT Assistant), OE (OT Eval), SA (ST Assistant) and SE (ST Eval)) were found between the Plan of Care’s cert begin and cert end dates.
9. MO825 answered No, yet 10 or more therapy visits scheduled – reports patients that have the “Therapy Need” question on the OASIS Equip/Therapy screen answered as No on a assessment completed on or after the date you specify, yet 10 or more scheduled (confirmed, verified or closed) therapy visits (skills PT, OT, ST, PN (PT Assistant), PE (PT Eval), OA (OT Assistant), OE (OT Eval), SA (ST Assistant) and SE (ST Eval)) were found between the Plan of Care’s cert begin and cert end dates.
10. MO825 answered Yes, yet less than 10 therapy visits scheduled – reports patients that have the “Therapy Need” question on the OASIS Equip/Therapy screen answered as Yes on a assessment completed on or after the date you specify, yet less than 10 scheduled (confirmed, verified or closed) therapy visits (skills PT, OT, ST, PN (PT Assistant), PE (PT Eval), OA (OT Assistant), OE (OT Eval), SA (ST Assistant) and SE (ST Eval)) were found between the Plan of Care’s cert begin and cert end dates.
11. LUPA predicted – 4 or fewer visits scheduled for RAP – report patients that currently have 4 or fewer visits scheduled for the episode reported.
12. Plan of Care ends within 5 days of report date with no recert plan of care – reports patients that have their plan of care ending within 5 days of “From” date and do not currently have a recert plan of care entered.
13. New admission falls within patient’s last episode – PEP should be applied – reports patients with RAP service items that have another RAP service item for the client (for

any admission) within the next 59 days. The RAP detected should be coded as a PEP claim.

- Delinquent RAP and EOE invoices - will report the following conditions for any episodes after the “from” date entered:
 1. Episode ended, but RAP not created.
 2. Episode ended and RAP created, but RAP not transmitted.
 3. Episode ended and RAP transmitted (xxx) days ago, but EOE not created.
 4. Episode ended and RAP transmitted (xxx) days ago, but EOE not transmitted.

You may optionally select that this feature only search:

- Medicare (patient’s with a client/payer relationship to a Medicare payer that is not marked as DNU)
- Home Health / Non Medicare (patients without a client/payer relationship to a Medicare payer that is not marked as DNU AND is marked as “Home Health” on the Edit Patient screen.)
- Both (Medicare or Home Health, this would not include any patients marked as Continuous Care and are non-Medicare.

You may select which problems to report, print or send the results to any available report options (screen preview, printer, excel, etc.), select your sort option and select the office(s) to report on. When this feature is searching for matching assessments, there is a built-in date tolerance of 14 days. This is how many days the assessment’s complete date can be after the status date that you have entered to be considered.

OASIS Tracking Report

This Office-level report provides the capability to get a listing of clients with an OASIS Assessment by assessment type and/or status. You may also optionally select to report patients that do not have an OASIS Assessment defined.

OASIS Tracking Report > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

OASIS Tracking Report

Office : Melbourne (0002)

Patient Type : ALL

Assessment : ALL

Status : ALL

Date Assmt Complete : 12 / 1 / 2007

☐ Report Patients with no OASIS Assessments defined

☐ Include Patients who are under the age of 18

SORT GROUP

☒ Patient Name

☐ Assessment Reason

☐ Date Completed

☐ Effective Date

☐ Locked Date

☐ Doc #

Generate **Report Options** **Exit**

Detail Report - Destination : Screen Preview Title : NONE

Select an Office 10:01 AM

Plan of Care Tracking Report

This Office-level report provides the capability to get a listing of Plans of Care or Verbal Orders that have not been mailed or that have been mailed but have not been received signed.

The screenshot shows a software window titled "Plan of Care Tracking Report > Melbourne : GUEST". The window has a menu bar with "File", "Administration", "Schedule", "AR", "Configuration", "Maintenance", "Login", "SamToGo", "Reports", and "Help". Inside the window, there is a sub-window titled "Plan of Care Tracking Report" which contains two main sections: "SELECTION ATTRIBUTES" and "SORT BY".

SELECTION ATTRIBUTES:

- Office : Melbourne [0002] (dropdown menu)
- Patient Type : ALL (dropdown menu)
- Type : ALL (dropdown menu)
- Status : ALL (dropdown menu)
- Physician : ALL (dropdown menu)
- Payer : ALL (dropdown menu)
- Cert Begin Date : / / - / / (date pickers)
- Created Date : / / - / / (date pickers)
- Mailed Date : / / - / / (date pickers)
- ☐ Report Patients with no Plan of Care defined

SORT BY:

- ☒ Patient Name
- ☐ Cert Begin
- ☐ Payer
- ☐ Physician
- ☐ POC #
- ☐ Created Date
- ☐ Mailed Date
- ☐ Days Out

At the bottom of the sub-window are three buttons: "Generate", "Report Options", and "Exit". Below these buttons, it says "Detail Report - Destination : Screen Preview Title : NONE". The status bar at the bottom of the main window says "Select an Office" on the left and "10:02 AM" on the right.

Recertification Due Report

This Office-level report provides a list of Plans of Care that have a certification end date that falls within the dates specified indicating that they are due for Recertification.

The screenshot shows a software application window titled "Recertification Due Report > Melbourne : GUEST". The window has a menu bar with "File", "Administration", "Schedule", "AR", "Configuration", "Maintenance", "Login", "SamToGo", "Reports", and "Help". A "Select Report" dialog box is open, displaying the "Recertification Due Report" form. The form includes the following fields and options:

- Office :** A dropdown menu showing "Melbourne (0002)".
- Patient Type :** A dropdown menu showing "ALL".
- Payer :** A dropdown menu showing "ALL".
- Case Manager :** A dropdown menu showing "ALL".
- Cert End Date :** Two date pickers labeled "From :" and "To :".
- SORT GROUP :** A section with four radio button options: "Patient Name" (selected), "Cert End", "Case Manager", and "Physician".
- Buttons:** "Generate", "Report Options", and "Exit".
- Status Bar:** "Detail Report - Destination : Screen Preview Title : NONE".

The background window shows a "Select an Office" dialog box with a list of offices. The time displayed in the bottom right corner is 10:02 AM.

Office Function Group Reports

Census (Episode) Report

Based on the Cert Period Date entered, the report creates one line of the report for each client-payer relationship and shows plan of care information on each line if the plan is in effect during the entered Cert Period Date. Every active Plan of Care for the Cert Period Date selected will be reported (including "Self-Pay"). If there is not an active Plan of Care for the Cert Period Date selected, "No Active POC" will be noted.

The information on the report includes supervisory visit details; patient's county, agency and payer start of care dates, payer, and certification begin & end date, case manager, physician, and disaster code. Optionally you may include diagnosis, Dr Orders, patient address and phone number, allowed skills and discharge dates. You may also filter the report to show clients with one or more of the following conditions; continuous care, home health, continuous care/home health (both), Medicare/Medicaid, DNR's, or patients with active Plans of Care only.

You may sort the report by:

1. Case Manager/Client: Orders the report by the case manager whom has to be specified by checking the case manager box in under the employee demographics and the same employee (case manager) has to be associated with an active Plan of Care of the patient. The report lists the clients alphabetically per case manager.
2. Case Manager/Next Supervisory Visit: Orders the report the same as above but lists the next supervisory visit per case manager.
3. Certification end date: This option orders the report by the ending date for the cert period based on the dates chosen for the certs active.

4. Client name: Orders the report alphabetically by client name.
5. Disaster code (risk code): This will sort the report by the risk code of the client. The disaster code has to be filled out in the client ancillary information on the Client screen or the Edit Patient screen for the report to populate this field.
6. Next supervisory visit: Orders the patients by next supervisory visit.
7. Physician: Orders the report by physician from the patients POC.
8. Affiliation/Client: If you chose an office and that office has defined affiliations you may order your report by checking this box.
9. Status/Client: This option lists the report by the clients status which is listed after the client number by a letter (i.e. A=active, D=discharged, H=hold, N=not admitted, T=transferred, and I=incomplete)
10. Race/Client: Sorts by the patients race as entered on the client.

If you condition the report by Payer, Payer Class or Medicare/Medicaid only, only patients with active Plan of Cares based on the Cert Period Date will be reported.

To track supervisory visits with this report, simply schedule a visit with a supervisory sub-skill for client. The visit must be closed and the patient has to have an active Plan of Care in order to show on report. Ensure the supervisory visit frequency is not set to zero for the client-payer or client (for self-pay situations.) This report will show the last supervisory visit done for a client-payer or client, the supervisory visit frequency, and the date the next supervisory visit is due. If Supervisory Frequency information has been entered for a patient in the Self-Pay Billing Info area of the Client screen, an additional line will be reported for the patient.

The Census (Episode) report also offers an “Output Daily Census Spreadsheet.” If this option is “On”, after the report is generated, an Excel spreadsheet file will be generated (it will prompt you for the path and filename.) The “.xls” file will report how many of the patients on the census report were active each day of the report range. Once you have this spreadsheet, using Excel you can calculate the average, median and mode daily census. You may even graph it. It is important to note, that if you have a patient that is admitted and discharged on the day, they are not counted in the daily active count in the spreadsheet.

The last page of this report shows a summary of calculated census information:

Report Designer - utilcensus.frx - Page 6 - Microsoft Visual FoxPro

File Edit Window Help

Print Preview

Census (Episode) Report

Payer Class: ALL
Payer: ALL
Date Range: 06/24/03 - 06/24/03

Affiliation: ALL
Sorted By: Case Manager/Client
Medicare/Medicaid Only: No
Include Client Type="Client": No
Do Not Resuscitate Only: No

Office/ Affiliation	Client #	C T	P T	Client Name	Last Sup Visit	Freq/ Next Sup Unit Visit	Agency SOC/Disch County Date	Payer SOC/Disch Date Payer	Cert Begin - End	Case Manager Physician	DC
Melbourne	A00513-01-I	P		Wiener, Ashanti			Hampden	No Active POC			
Melbourne	002512-A3-A	P	H	Willse, Jennifer			Hampden	05/23/02 05/23/02 No Active POC			1-Low Risk
Melbourne	A00145-A2-A	P	H	Wilson, Michael			Hampden	06/08/02 06/08/02 No Active POC			2-Average Risk
Melbourne	A00479-01-I	P		Yarmac, Paul			Hampden	No Active POC			
Melbourne	000062-01-A	P	C	Zalucki, Barbara			Hampden	03/11/93 03/11/93 No Active POC			2-Average Risk
Melbourne	000018-01-A	P	C	Zawalski, Rosario			Hampden	10/22/90 10/22/90 No Active POC			2-Average Risk

*** Patient Status as of 06/24/03

Census Totals	Duplicated	Unduplicated
Number of episodes:	181	181
Active patients (includes holds) as of 06/24/03:	115	115
Patients admitted during date range:	0	0
Patients non-admitted during date range:	0	0
Patients discharged during date range:	0	0
Active patients (does not include holds) as of 06/24/03:	111	111
Incomplete patients as of 06/24/03:	46	46
Number of patients on hold as of 06/24/03:	4	4
Patients active at any time during date range:	115	115

Unduplicated counts use only one admission per client.

Number of duplicated client episodes due to recerts and multiple payer sources:
0

Melbourne

QA
Page 6

These values are calculated as follows:

Duplicated Census Summary:

1. Number of episodes = total episodes active within the specified date range. This will include "clients" if they were included in the report.
2. Active patients (includes hold(s) as of xx/xx/xx (date = Cert Active During end date) = total number of patients that were active as of xx/xx/xx including those patients that were on hold as of xx/xx/xx.
3. Patient admitted during date range = patients with admit status date within the date range.
4. Patients non-admitted during date range = patients with non-admitted status date within the date range.
5. Patients discharged during date range = patients with discharge status date within the date range. (Discharged from the agency)
6. Active patients (does not include holds) as of xx/xx/xx (date = Cert Active During end date) = patients that were active as of xx/xx/xx not including those patients that were on hold as of xx/xx/xx.
7. Incomplete patients as of xx/xx/xx (date = Cert Active During end date) = patients that were incomplete as of xx/xx/xx.
8. Number of patients on hold as of xx/xx/xx (date = Cert Active During end date) = patients that were on hold as of xx/xx/xx.

9. Patients active at any time during the date range = patients that were active at any time during the date range.

Difference between Duplicated and Unduplicated Census Summary:

Unduplicated counts will only count the first admit (not subsequent admit #'s for the client). Duplicated counts will count all admits for the client.

Number of Duplicated client episodes due to recerts and multiple payer sources = each patient recert or another episode for an additional payer within the date range will be counted.

If “clients” are included in the report, any clients that have an “entry date” after the “to” date in the selected date range for the report will not be included.

Medication Profile Report

You provide a “As Of” date and SAM will report all medications (found in plans of care and verbal orders) that are current as of the date entered. You may also select by Physician, Payer and/or Client.

The screenshot shows the 'Medication Profile Report' window within the SAM system. The window has a title bar that reads 'Medication Profile Report > Melbourne : GUEST'. Below the title bar is a menu bar with options: File, Administration, Schedule, AR, Configuration, Maintenance, Login, SamToGo, Reports, and Help. The main content area is divided into two panes. The left pane, titled 'Select Report', contains two sections: 'APPLIC' with radio buttons for 'Billing', 'Care', and 'Schedule', and 'FUNC' with radio buttons for 'Patient' and 'Office'. The right pane, titled 'Medication Profile Report', contains a 'SELECTION ATTRIBUTES' section with the following fields: 'Office' (dropdown menu showing 'Melbourne (0002)'), 'Physician' (dropdown menu showing 'ALL'), 'Payer' (dropdown menu showing 'ALL'), 'Client' (dropdown menu showing 'ALL'), and 'As Of' (date field showing '06/23/2005'). Below these fields are three buttons: 'Generate', 'Report Options', and 'Exit'. At the bottom of the window, there is a status bar that reads 'Select an Office' on the left and '10:08 AM' on the right. A small text area at the bottom of the right pane displays 'Detail Report - Destination : Screen Preview Title : NONE' twice.

Phrases Report

This report is a list of intervention, goal, rehabilitation potential, and discharge plan phrases defined in this system.

The screenshot shows a software application window titled "Phrases Report > Melbourne : GUEST". The menu bar includes File, Administration, Schedule, AR, Configuration, Maintenance, Login, SamToGo, Reports, and Help. A "Select Report" dialog box is open, displaying the "Phrases Report" configuration. The dialog has three main sections: "APPLIC" (with radio buttons for Billing, Care, and Sched), "FUNC" (with radio buttons for Patient and Office), and "SORT GROUP" (with radio buttons for Category, Code, Phrase, ICD9 Type, and Skill). The "Category", "ICD9 Type", and "Skill Code" fields are all set to "ALL". At the bottom, there are buttons for "Generate", "Report Options", and "Exit". A status bar at the bottom of the dialog shows "Detail Report - Destination : Screen Preview Title : NONE". The main application window's status bar at the bottom left says "Select the Phrase Category" and the bottom right shows the time "10:08 AM".

Phrases Report > Melbourne : GUEST

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

Select Report

Phrases Report

Category : ALL

ICD9 Type : ALL

Skill Code : ALL

SORT GROUP

☒ Category

☐ Code

☐ Phrase

☐ ICD9 Type

☐ Skill

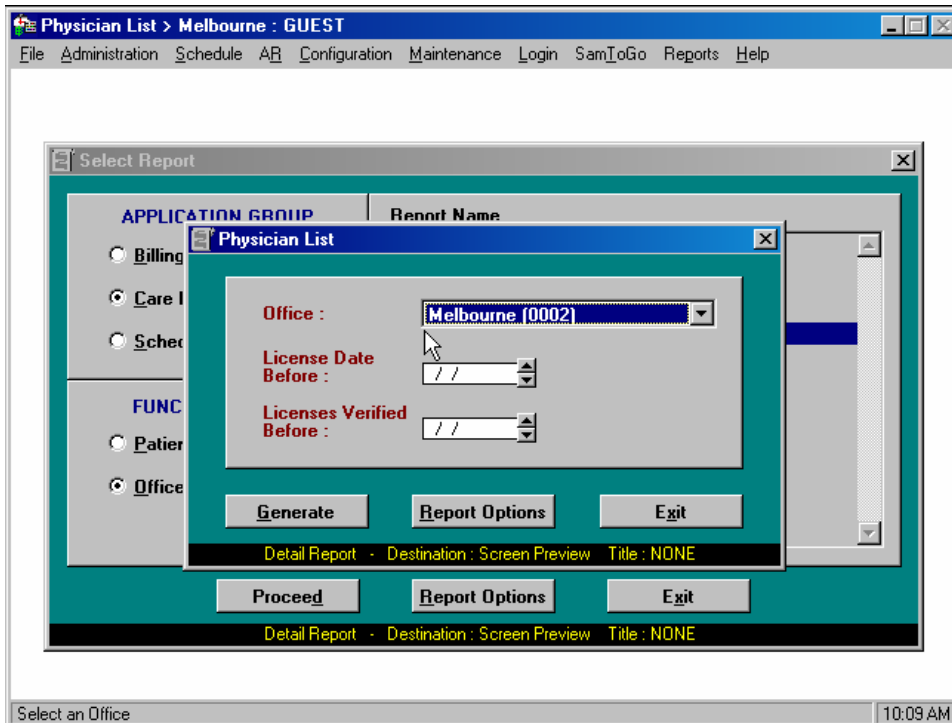
Generate Report Options Exit

Detail Report - Destination : Screen Preview Title : NONE

Select the Phrase Category 10:08 AM

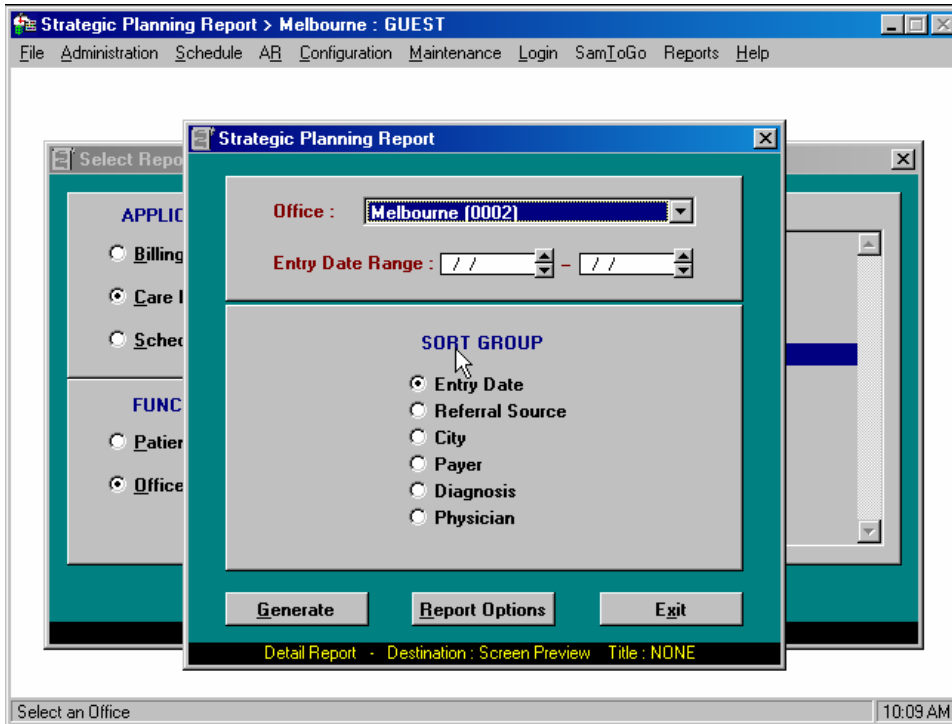
Physician List Report

This Office-level report is a list of physicians in the physician's database.



Strategic Planning Report

This report shows patient referral source, payer, cert begin date, diagnosis (primary) and physician. If the patient does not have current plan of care, then the first active client/payer relationship will be reported as the payer.



DLL Reports

These report(s) are used at offices that are using the SAMDLL technology to interface to another vendor software system.

To access the **DLL Reports**, select menu option File | Print DLL Reports.

DLL Error Report

This report will include any error message generated by attempt to import into this systems database.

The screenshot shows a software window titled "SAM > Melbourne : QA" with a menu bar (File, Administration, Schedule, AB, Configuration, Maintenance, Login, SamToGo, Reports, Help). A dialog box titled "SAM_DLL Error Report" is open, featuring two main sections: "SELECTION CRITERIA" and "REPORT DATES".

SELECTION CRITERIA:

- Office : ALL (dropdown menu)
- DII Call : ALL (dropdown menu)
- Vendor : ALL (dropdown menu)
- Result : ALL (dropdown menu)
- ☐ Include Details

REPORT DATES:

- From : 06/23/2005 (date picker)
- To : / / (date picker)

SORT BY:

- ☒ Import Date
- ☐ DII Method
- ☐ Result
- ☐ Vendor

At the bottom of the dialog are three buttons: "Generate", "Report Options", and "Exit". A status bar at the bottom of the dialog displays "Detail Report - Destination : Screen Preview Title : NONE". The main window's status bar shows the time "10:20 AM".

DLL Transaction Register

This report will include transactions of data that have been imported into this systems database.

SAM > Melbourne : QA

File Administration Schedule AR Configuration Maintenance Login SamToGo Reports Help

SAM_DLL Transaction Report

SELECTION CRITERIA

Office : ALL

Client : ALL

Employee : ALL

DII Method : ALL ☐ Only New Records

Vendor : ALL ☐ Include Details

REPORT DATES

From : 06/23/2005

To : / /

SORT BY

☒ Import Date

☐ Client

☐ Employee

☐ Vendor

☐ DLL Method

Generate **Report Options** **Exit**

Detail Report - Destination : Screen Preview Title : NONE

10:27 AM

HCFA 1500 Locator Mapping

HCFA 1500 Locator		Initial SAM Data Location	Edit Claim Screen Data Mapping	
No.	Description	Name	Tab Title	Field
1	Health Insurance Type	Administration Payers Profile Payer Class	Insurance	Type
1a	Insured's ID Number	Administration Clients Define Payer Sets Insured's ID	Insurance	I.D. #
2	Patient's Name	Administration Clients Client Profile Client Name	HCFA1500	Patient Name
3	Patient's Birth Date/Sex	Administration Clients Client Profile Birth Date/Sex	HCFA1500	DOB/Sex
4	Insured's Name	Administration Clients Define Payer Sets Name	Insurance	Insured Name
5	Patient's Address/Telephone Street City State/Zip Code Telephone	Administration Clients Client Profile (Under Client Name)	HCFA1500	(Under Patient Name)
6	Patient's Relationship to Insured	Administration Clients Define Payer Sets Relation	HCFA1500	Insured Relation
7	Insured's Address: (Only if patient is the insured party)	Administration Clients Profile (Under Billing Name)	Insurance	(Under Insured Name)
8	Patient Status: Marital Employment	Administration Clients Insurance Info Marital/Employment	HCFA1500	Marital Status Employment Status
9a-d	Other Insured's Info	N/A	Insurance	(Under Other

HCFA 1500 Locator		Initial SAM Data Location	Edit Claim Screen Data Mapping	
No.	Description	Name	Tab Title	Field
				Insured)
10a-c	Patient's Condition Related To: Employment Auto Accident Other Accident	Administration Clients Ancillary Info Accident	HCFA1500	Accident
10d	Reserved For Local Use	N/A	Physician/D iagnosis	Local Use 1
11	Insured's Policy Group or FECA Number	Administration Clients Define Payer Sets Policy Number	Insurance	Policy #
11a	Insured's Date of Birth / Sex	Administration Clients Define Payer Sets DOB/Sex	Insurance	DOB Sex
11b	Employer's Name	N/A	Insurance	Employer
11c	Insurance Plan or Program Name	Administration Clients Define Payer Sets Group Name	Insurance	Group Name
11d	Another Health Benefit Plan	N/A	N/A	N/A
12	Patient Release of Medical Information: Signature/Date or Signature on File	(Default to Signature on File)	HCFA1500	Signature on File/Date
13	Insured Authorization of Payment: Signature or Signature on File	(Default to Signature on File)	Insurance	Signature on File
14a	Date of Illness, Injury, or Pregnancy	N/A	HCFA1500	Illness Date
14b	Illness, Injury, or Pregnancy	N/A	Physician/ Diagnosis	Care Reason
15	First Date of Similar Illness	N/A	HCFA1500	Similar Date
16	Unable to Work Dates	N/A	HCFA1500	Unable to Work Dates

HCFA 1500 Locator		Initial SAM Data Location	Edit Claim Screen Data Mapping	
No.	Description	Name	Tab Title	Field
17	Name of Referring Physician	Clinical Information Edit Patient Define Plan of Care/ Verbal Order Prime Physician	Physician/ Diagnosis	Physician
17a	Physician ID Number	Administration Physicians UPIN	Physician/ Diagnosis	UPIN
18	Hospitalization Dates	Clinical Information Edit Patient Edit Hospital Stays Start Date/End Date	HCFA1500	Hospital Dates
19	Reserved for Local Use	N/A	Physician/ Diagnosis	Local Use 2
20	Outside Lab? Charges	(Default to NO)	Physician/ Diagnosis	Outside Lab? Charges
21	Diagnosis Codes	Clinical Information Edit Patient Define Plan of Care/ Verbal Order Diagnoses ICD-9-CM	Physician/ Diagnosis	Diagnosis Code 1 Diagnosis Code 2 Diagnosis Code 3 Diagnosis Code 4
22	Medicaid Resubmission Code/Reference Number	N/A	Physician/D iagnosis	Resubmit Code Original Ref #
23	Prior Authorization Number	Administration Clients Define Payer Sets Authorization #	Insurance	Auth #
24a	Dates of Service	Schedule Display Schedule Visit (Right Click) Edit Visit Date	Detail Lines	Svc Dates
24b	Place of Service	(Default to "012")	Detail Lines	Location
24c	Type of Service	(Default to "01")	Detail Lines	Svc Type
24d	Procedures, Services, or : CPT/HCPCS Modifier	Visits: Administration Client/Payer Skills & Codes or Payer Skills & Codes	Detail Lines	HCPCS Modifier

HCFA 1500 Locator		Initial SAM Data Location	Edit Claim Screen Data Mapping	
No.	Description	Name	Tab Title	Field
		Supplies: Schedule Display Schedule Supply Items (Client Related or Visit Related) HCPC Codes and Modifier		
24e	Diagnosis Code Reference Number	N/A	Detail Lines	Diagnosis Code Ref
24f	Charges	(Bill Rate * Units)	Detail Lines	Charges
24g	Days or Units	(Number of Visits)	Detail Lines	Days/Units
24h	EPSDT	N/A	Detail Lines	EPSDT
24i	EMG	N/A	Detail Lines	EMG
24j	COB	N/A	Detail Lines	COB
24k	Reserved for Local Use	N/A	Detail Lines	Local Use
25	Federal Tax ID Number (EIN Always)	Configuration Offices Federal ID	HCFA1500	Fed ID #
26	Patient's Account Number	(Invoice Number)	N/A	(Invoice Number)
27	Accept Assignment?	(Default to NO)	Insurance	Accept Assignment?
28	Total Charge	(Sum of Charges)	Detail Lines	HCFA Total
29	Amount Paid	(Default to \$0.00)	Detail Lines	Amount Paid
30	Balance Due	(Default to \$0.00)	Detail Lines	Balance Due
31	Signature of Physician or Supplier Date of Bill	Administration Payer Provider Rep (Invoice Date)	N/A	N/A
32	Outside Facility	N/A	Physician/ Diagnosis	(Outside Facility Fields)
33a	Billing Name	Configuration	HCFA1500	(Office Fields)

HCFA 1500 Locator		Initial SAM Data Location	Edit Claim Screen Data Mapping	
No.	Description	Name	Tab Title	Field
	Address	Offices (Address / Lock Box)		
33b	PIN#	N/A	HCFA1500	PIN
33c	GRP#	Administration Payers Provider IDs	Insurance	Prov ID

UB92 Locator Mapping

UB92 Locator		Initial SAM Data Location	Edit Claim Screen Data Mapping	
No.	Description	Name	Tab Title	Field
1	Provider Name, Address, Telephone	Configuration Offices (Address / Lock Box)	UB92	(Under Office)
2	(Untitled)	N/A	N/A	N/A
3	Patient Control Number	(Invoice Number)	N/A	(Invoice Number)
4	Type of Bill	Administration Payers Bill Mask	UB92	Bill Type
5	Federal Tax Number	Configuration Offices Federal ID	UB92	Fed ID #
6	Statement Covers Period	Billing Period: Either weekly or by billing calendar.	UB92	Dates
7	Covered Days	N/A	UB92	Days Covered
8	Noncovered Days	N/A	UB92	Not Covered
9	Coinsurance Days	N/A	UB92	Coins Days
10	Lifetime Reserve Days	N/A	UB92	Life Res Days
11	(Untitled) NC Medicaid Carolina Access Number	Administration Physicians Claim ID	Clinical Codes	Locator 11
12	Patient's Name	Administration Clients Profile Client Name	UB92	Patient Name
13	Patient's Address	Administration Clients Profile (Under Client Name)	UB92	(Under Patient Name)
14	Patient's Birth Date	Administration Clients Profile Birth Date	UB92	DOB
15	Patient's Sex	Administration	UB92	Sex

UB92 Locator		Initial SAM Data Location	Edit Claim Screen Data Mapping	
No.	Description	Name	Tab Title	Field
		Clients Profile Sex		
16	Patient's Marital Status	Administration Clients Insurance Info Marital	UB92	Marital Status
17	Admission Date	Clinical Information Edit Patient Admit Date	UB92	Admit Date
18	Admission Hour	N/A	UB92	Admit Hour
19	Type of Admission	N/A	UB92	Admit Type
20	Source of Admission	N/A	UB92	Src
21	Discharge Hour	N/A	UB92	Dischrg Hr
22	Patient Status	Medicare: 01 = discharged to home or self-care. 30 = still patient or expected to return for outpatient services (if the cert end date is the end of episode.) All Others: The Payer's Bill Mask's 3 rd character will determine what is placed in the UB92 claim status field (locator 22.) If it is not numeric, the patient's status will be used. If it is numeric, the numeric value is what will be placed in the status field on the UB92 claim.	UB92	Patient StatusAM wound care - BID wound care New Wound Care Orders for Toe rcd 5/16mask
23	Medical Record Number	Client_No+Admit_No	UB92	Medical Record #
24-30	Condition Codes	N/A	Payer Codes	Condition Codes 1-7
31	(Untitled)	N/A	N/A	N/A

UB92 Locator		Initial SAM Data Location	Edit Claim Screen Data Mapping	
No.	Description	Name	Tab Title	Field
32-35	Occurrence Codes and Dates	N/A Medicare: If there is a ICD9 that is a trauma code, will be = "05" and the date will be = date on the trauma ICD9.	Payer Codes	Occurrence Codes 1-8
36	Occurrence Span Codes and Dates	N/A	Page Tab Payer Codes Fields	Occurrence Span/Dates
37	Internal Control Number	N/A	N/A	N/A
38	Provider Name and Address	Administration Payers Payer Name	Page Tab Fields	Insurance (Under Billing)
39-41	Value Codes and Amounts	Medicare: Value Code 1 is MSA Code (Client County) where "through" date is < 1/1/06 - CBSA Code where through date is => 1/1/06)	Payer Codes	Value Codes/Dates 1-5
42	Revenue Code	Visits: Administration Client/Payer Skills & Codes or Payer Skills & Codes Supplies: Schedule Display Schedule Supply Items (Client Related or Visit Related) Revenue Code	Detail Lines	Revenue Code
43	Revenue Description	(Revenue Description by Payer and Skill) Dr. Orders (Compliance Rules) Authorization Number	Detail Lines	Desc
44	HCPCS/Rates	N/A	Detail Lines	HCPCS/Rates

UB92 Locator		Initial SAM Data Location	Edit Claim Screen Data Mapping	
No.	Description	Name	Tab Title	Field
45	Service Date	Schedule Display Schedule Visit (Right Click) Edit Visit Date	Detail Lines	Date of Service
46	Service Units	(Number of visits) (Qty for detailed supplies)	Detail Lines	Days/Units
47	Total Charges	(Bill Rate * Units)	Detail Lines	Total Charges
48	Non-Covered Charges	N/A	Detail Lines	Non-Covered Charges
49	(Untitled)	N/A	N/A	N/A
50	Payer Identification	Administration Payers Profile Payer Name	Insurance	Payer Name
51	Provider Number	Administration Payers Provider IDs	Insurance	Prov #
52	Release of Information	(Default to 'Y')	Insurance	Release Info
53	Assignment of Benefits Indicator	(Default to 'Y')	Insurance	Assigned Benefit
54	Prior Payments	N/A	Insurance	Prior Payments
55	Estimated Amount Due	N/A	Insurance	Estimated Amt Due
56	(Untitled)	N/A	N/A	N/A
57	(Untitled)	N/A	N/A	N/A
58	Insured's Name	Administration Clients Define Payer Sets Name	Insurance	Insured's Name
59	Patient's Relationship to Insured	Administration Clients Define Payer Sets Relation	Insurance	Relation
60	Insurance ID	Administration Clients Define Payer Sets Insured's ID	Insurance	Cert-SSN-HIC-ID no
61	Group Name	Administration	Insurance	Group Name

UB92 Locator		Initial SAM Data Location	Edit Claim Screen Data Mapping	
No.	Description	Name	Tab Title	Field
		Clients Define Payer Sets Group Name		
62	Insurance Group Number	Administration Clients Define Payer Sets Group Number	Insurance	Group Number
63	Treatment Authorization Code	Administration Clients Define Payer Sets Authorization #	UB92	Auth Code
64	Employment Status Code	Administration Clients Insurance Info Employment	UB92	Employer Status
65	Employer Name	N/A	UB92	Employer Name
66	Employer Location	N/A	UB92	Location
67	Principal Diagnosis Code	Clinical Information Edit Patient Define Plan of Care/ Verbal Order Diagnoses ICD-9-CM	Clinical Codes	Diagnosis Codes Principal
68-75	Other Diagnosis Codes	Clinical Information Edit Patient Define Plan of Care/ Verbal Order Diagnoses ICD-9-CM	Clinical Codes	Diagnosis Codes Other 1-8
76	Admitting Diagnosis	(Same as principal diagnosis)	Clinical Codes	Admit Diag Code
77	E-Code	N/A	Clinical Codes	E Code
78	(Untitled)	N/A	N/A	N/A
79	Procedure Coding Method	(Default to '9')	Clinical Codes	Code Meth
80	Principal Procedure Code and Date	Clinical Information Edit Patient Define Plan of Care/ Verbal Order	Clinical Codes	Procedure Codes Principal

UB92 Locator		Initial SAM Data Location	Edit Claim Screen Data Mapping	
No.	Description	Name	Tab Title	Field
		Surg Procs ICD-9-CM		
81	Other Procedure Codes and Dates	Clinical Information Edit Patient Define Plan of Care/ Verbal Order Surg Procs ICD-9-CM	Clinical Codes	Procedure Codes Other 1-5
82a	Physician ID	Administration Physicians UPIN	Insurance	ID No - (Under Physician Name)
82b	Physician Name	Clinical Information Edit Patient Define Plan of Care/ Verbal Order Prime Physician	Insurance	Physician Name
83a	Other Physician ID	Administration Physicians UPIN	Insurance	ID No - (Under Physician Other)
83b	Other Physician Name	Clinical Information Edit Patient Define Plan of Care/ Verbal Order Sec Physician	Insurance	Physician Other
84	Remarks	Medicare: Trauma Code Descriptions	Insurance	Remarks
85	Provider Representative Signature	Administration Payer Provider Rep	N/A	N/A
86	Date	(Invoice Date)	N/A	N/A

Massachusetts Medicaid Form #9

Form #9 Locator		Initial SAM Data Location	Edit Claim Screen Data Mapping	
No.	Description	Name	Tab Title	Field
1	Provider's Name, Address & Telephone Number	Configuration Offices Lock Box Address	HCFA 1500	Office Fields
2	Pay To Provider Number	Administration Payers Provider ID	Insurance	Provider I.D. #
3	Billing Agent Number	N/A	N/A	N/A
4	Prior Authorization Number	Administration Clients Payers Authorization #	Insurance	Auth #
5	Servicing Provider Name	N/A	N/A	N/A
6	Servicing Provider Number	N/A	N/A	N/A
7	Referring Provider's Name	Administration Clients Payers Group Name	Insurance	Group Name
8	Referring Provider Number	Administration Clients Payers Group Number <u>OR</u> Administration Physicians Claim ID	Insurance	Group #
9	Recipients Name	Administration Clients Profile Client Name	HCFA 1500	Patient Name
10	Recipient ID Number	Administration Client Payers Insured's ID	Insurance	ID #
11	Date Of Birth	Administration Clients Profile Birth Date	HCFA1500	DOB

Form #9 Locator		Initial SAM Data Location	Edit Claim Screen Data Mapping	
No.	Description	Name	Tab Title	Field
12	Sex	Administration Clients Profile Sex	HCFA 1500	Sex
13	Other Insur.	N/A	N/A	N/A
14	Patient Account Number	(Defaults to Last 4 letters of client last name, last 4 digits of invoice number & a letter equal to page number)	N/A	N/A
15	Place Of Service	(Defaults to "02")	N/A	N/A
16A	Is Recipient Being Treated As A Result Of An Accident	(Defaults to "No")	N/A	N/A
16B	If Yes, Type	N/A	N/A	N/A
16C	Date Of Accident	N/A	N/A	N/A
17	Is Recipient Being Treated As A Result Of A PGH Screening?	(Defaults to "No")		
18	L.O.F.	N/A	N/A	N/A
19	Patient Status	Administration Clients Payers Policy Number	Insurance	Policy #
20	Discharge Date	N/A	N/A	N/A
21	Diagnosis Code	Clinical Information Edit Patient Define Plan Of Care/ Verbal Order Diagnoses ICD-9-CM (Primary)	Physician/ Diagnosis	Diagnosis Code 1
22	Diagnosis Name	Clinical Information Edit Patient Define Plan of Care/ Verbal Order Diagnoses Diagnosis Description	Physician/ Diagnosis	Diagnosis Code 1
23	Diagnosis Code	Clinical Information Edit Patient Define Plan Of Care/ Verbal Order Diagnoses	Physician/ Diagnosis	Diagnosis Code 2

Form #9 Locator		Initial SAM Data Location	Edit Claim Screen Data Mapping	
No.	Description	Name	Tab Title	Field
		ICD-9-CM (Secondary)		
24	Diagnosis Name	Clinical Information Edit Patient Define Plan Of Care/ Verbal Order Diagnoses Diagnoses Description	Physician/ Diagnosis	Diagnosis Code 2
25	Line	N/A	N/A	N/A
26	Dates Of Service	Schedule Display Schedule Visit (Right Click) Edit Visit Date	Detail Lines	Svc Dates
27	Description Of Service	N/A	N/A	N/A
28	Procedure Code-Modifier	Administration Clients Client/Payer Skills & Codes or Payer Skills & Codes	Detail Lines	CPT/HCPCS & Modifier
29	Treat Rel. To Diag.	N/A	N/A	N/A
30	Treat Rel. To Fam. Pl	N/A	N/A	N/A
31	Units Of Service	(Number of Units)	Detail Lines	Days/Units
32	Usual Fee	(Bill Rate)	Detail Lines	Charges
33	Other Paid Amount	N/A	N/A	N/A
34	Emerg. Serv.	N/A	N/A	N/A
35	Remarks:	N/A	N/A	N/A
36	Total Usual Fee	(Sum Of Usual Fees)	Detail Lines	HCFA Total
37	Total Other Paid Amount	N/A	N/A	N/A
38	Authorized Signature	Administration Payers Provider Rep	N/A	N/A
39	Billing Date	(Invoice Date)	N/A	N/A
40	Adjustment Resubmittal	Local Use 2 Where the "Local Use 2" has an "A" in the left most character, the Locator 40's	N/A	N/A

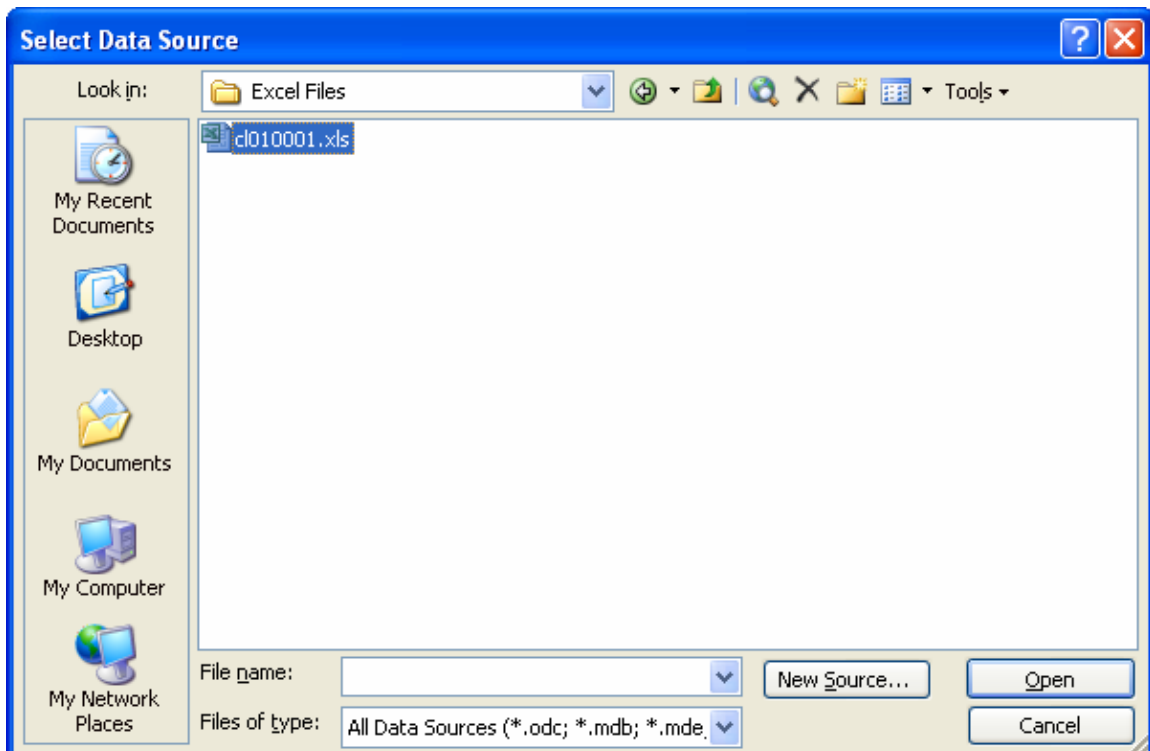
Form #9 Locator		Initial SAM Data Location	Edit Claim Screen Data Mapping	
No.	Description	Name	Tab Title	Field
		adjustment box is marked with an "X." If the left most character is an "R", the Locator 40's resubmission box is marked with an "X."		
41	Former Transaction Control No.	Local Use 2 Locator 41 takes the 3 rd -12 th characters from "Local Use 2" to complete the ICN boxes.	N/A	N/A
42	For Office Use Only	N/A	N/A	N/A

Summary of System Specifications

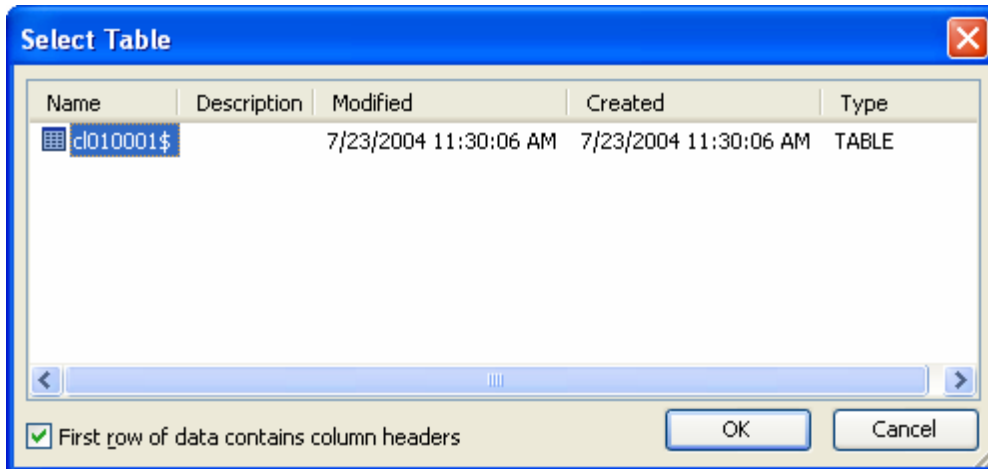
Invoice Aging Report – There is a limitation for multi-selecting payers of “30” if you select a specific office, a specific client and a specific client status. If you would like to report all Payers, use the default selection of “ALL”. If you would like to select a large group of payers use the Payer Class option.

Creating Labels Using Reports, Microsoft Excel and Word

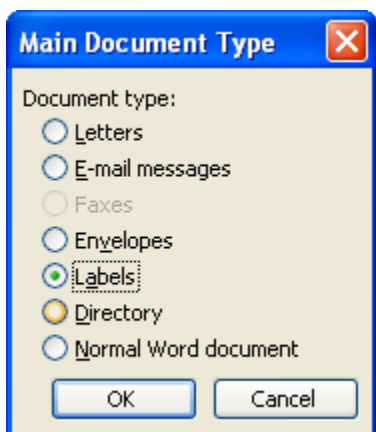
1. In order to create labels, choose the report that contains the information you need on your label. For instance, if you want physician labels, use the physician report. If you want patient labels, use the client list report. If you want employee labels, use the employee list report.
2. Select the criteria for the report so all the labels you want will be represented on the report.
3. From report options, choose the destination option of Excel file
4. Run the report and note the name and path of the Excel file that is created.
5. Open Microsoft Word and create a new document.
6. From the tools menu, scroll down to the “Letters and Mailings” heading and a new box will appear. From this box choose the heading “Show Mail Merge Toolbar”. Once this is done, a new toolbar should appear above your new document.
7. Place your mouse pointer over any of the new buttons without clicking on the button and a display will appear saying what that button does. Once you have found the button that says “Open Data Source” click on that button. The window below should pop up. Now find the Excel file you created earlier.



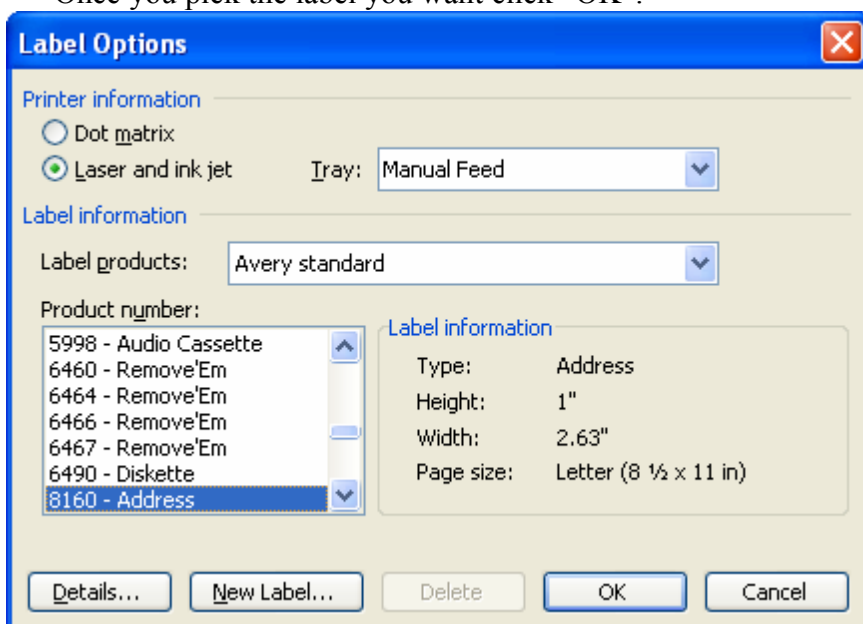
8. Once you have found the file you created, click “OPEN” and the box below will appear. Once this box appears, and the highlighted file in the table is the one you selected, click “OK”.



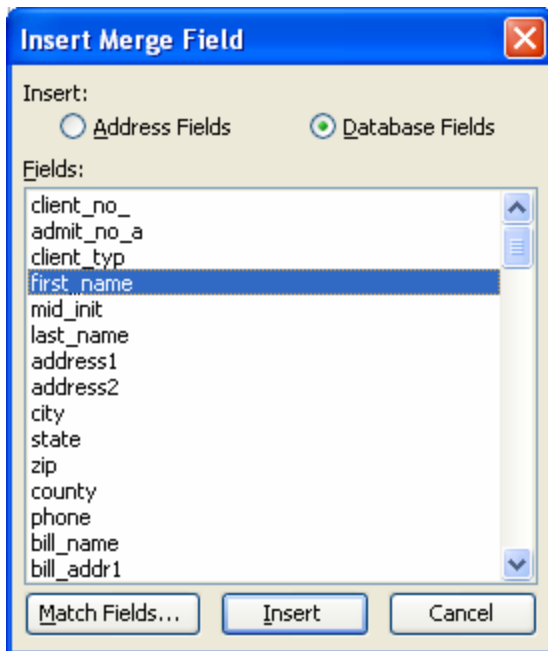
9. Next you want to find the button that says “Main document setup” by once again placing your mouse pointer over the buttons without clicking the button. Once you have found the “Main document setup” button click on it and the window below will appear. Select the “Labels” tabs and click “OK”.



10. Once you click “OK”, the window below will appear. Once this window appears, select the type of label you want. We suggest you choose one of the Avery Standard labels. Once you pick the label you want click “OK”.



11. Once you have clicked “OK” a bunch of lines will appear forming the layout of the labels, but there will be no information in the labels and the cursor will be in the top left label. Now you want to find the button “Insert Merge Fields” in the same manner you did before and click on it. Once you have clicked it the window below will appear.



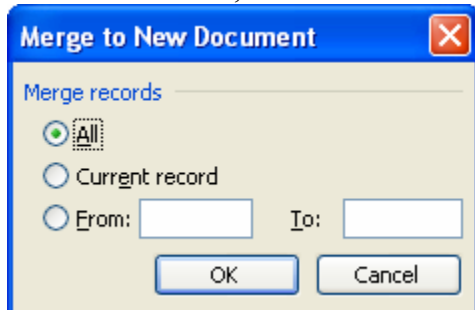
12. Once this window appears, you want to highlight the first field you want shown and click “Insert”. Once you have click “Insert” you want to hit the “Close” button (the “Cancel” button will turn into the “Close” button once you have inserted at least one field).
13. Now you will be back in the top left label and you want to do one of the following:
 - If you want a space in between fields (such as FirstName MiddleInitial LastName), click the space bar once
 - If you want a comma and then a space in between fields (such as City, State), hit comma and then the space bar once
 - If you want to go to the next line (such as go from the name line to the address line), hit the enter key once
14. Once you have done the one of the above three choices, click the “Insert Merge Fields” button again to bring up the same window as above. Once you bring up that window, choose the next field you want displayed and click insert. Now click the “Close” button again and edit the label by doing one of the three steps I listed above and then clicking the “Insert Merge Fields” button again and inserting the next field you want.
15. Continue to do this until the label is in the format you want. It should look similar to the format below:


```
«first_name» «mid_init» «last_name»
«address1»
«address2»
«city», «state» «zip»
```

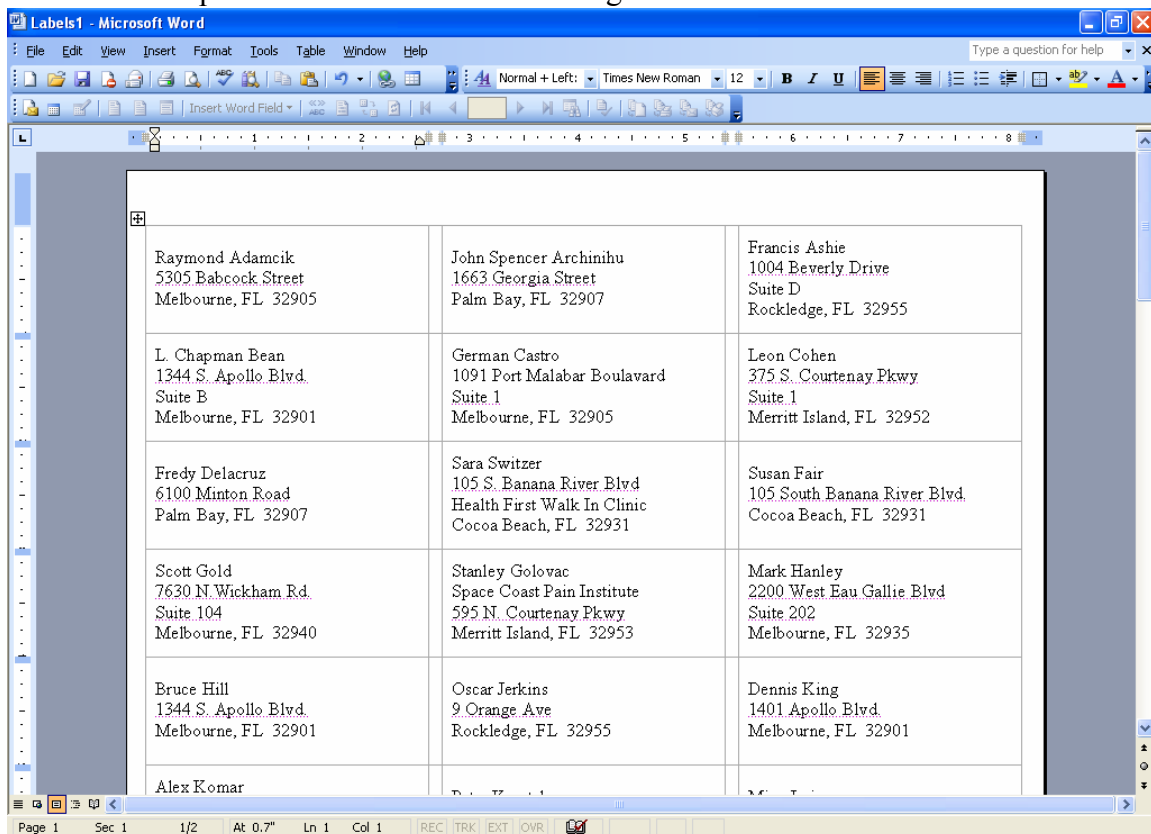
The last name field might go down to the second line depending on how big the label you chose is so don’t worry about that. Once you create the labels it will create correctly.

16. Once your label is in the format you want, you need to populate the same label format throughout all the labels. To do this you find the button “Propagate Labels” and click on it. Once you do this the same format you have in the top left label will copy into all the labels.

17. Next, you want to find the button “Merge to New Document” and click on it. Once you have clicked on it, the window below will pop up. Once this window pops up hit “OK”.



18. Once you hit “OK” a new document will be created and this will have all your labels on it and can be printed. The final document might look like the one below.



SAM.INI Variables

In order to make SAM more flexible and powerful for our diverse user community, we have developed a way to set a variable to a specific value that will then affect the way SAM processes. By using this method, SAM can be customized. Below is a list of the variables that can be added to the “N:\sam.ini” file, the valid settings and how each will affect SAM.

N:\sam.ini variable	How it affects SAM...	Example
Ini_Path_Model	Directs SAM to compare the workstation’s software with the software in this path to determine if the user should run “Update Software from Server” to update the workstation’s software to newer software in this path. In addition, “Update Software from Server” will run the “updwkst.bat” from this path. This could be used in a case where you have setup multiple “database” areas with only one “model” area.	Ini_Path_Model,N:\Model
Ini_DLL_Visit_On_Or_Before	Directs the SAM_DLL “ToSAMVisit” function to only verify existing visits on or before the imported visit’s “care_date”	Ini_DLL_Visit_On_Or_Before,T or blank
Ini_Dll_Files_Days_To_Keep	Directs the SAM_DLL to keep the SAM_DLL log files on n:\dll for the number of days specified, older files are purged.	Ini_Dll_Files_Days_To_Keep,7
Ini_DllLog_Days_To_Keep	Directs the SAM_DLL to keep the records in the n:\database\DLLLOG.dbf for the number of days specified, older records are purged. The DLL Error Report reports records from this file.	Ini_DllLog_Days_To_Keep,60
Ini_DllReg_Days_To_Keep	Directs the SAM_DLL to keep the records in the n:\database\DLLREG.dbf for the number of days specified, older records are purged. The DLL Transaction Register Report reports records from this file.	Ini_DllReg_Days_To_Keep,60
Ini_ACM_ProviderID	Identifies the ACM Provider ID for export Plans of Care to an .XML file that may then be used to import to a Care Plan Oversight and eSignature System (CPOS).	Ini_ACM_ProviderID,RIVER001
Ini_Alacare_ProviderID	Identifies the Alacare Provider ID for export Plans of Care to an .XML file that may then be used to import to a Care Plan Oversight and eSignature System (CPOS).	Ini_Alacare_ProviderID,RIVER001
Ini_EclickMD_ProviderID	Identifies the EclickMD Provider ID for export Plans of Care to an .XML file that may then be used to import to a Care Plan Oversight and eSignature System (CPOS).	Ini_EclickMD_ProviderID,RIVER001
Ini_SAMdb_Path	For a Fox Pro database installation, this will direct SAM where to store the SAMdbxx.zip backup files.	Ini_SAMdb_Path,N:\DEX\
Ini_SQL_Server_Name	For a SQL database installation, this will direct SAM where to find the “Server Name” for the SQL database.	Ini_SQL_Server_Name,RS101
Ini_SQL_Database_Name	For a SQL database installation, this will direct SAM where to find the “Database Name” for the SQL database.	Ini_SQL_Database_Name,SAMDatabase
Ini_SQL_Backup_Check_Enabled	For a SQL database installation, directs SAM whether or not to display the warning message “The xxxx database has not been backed up. Please notify your system administrator. “If it is determined that the SQL database has not be backed up. If there is not a entry in the SAM.INI file, this option will default to (Y)es.	Ini_SQL_Backup_Check_Enabled,N
Ini_oncall_file_path	Directs SAM to save the On Call report spreadsheets to this network path. This should be set to the network path of the folder that is used for file synchronization with the PDA (i.e). If it is not defined, the spreadsheets will go to n:\excel files and must be moved manually to sync with the PDA.	Ini_oncall_file_path,C:\Documents and Settings\RiverSoft\My Documents\Pocket_PC My Documents\Business\
Ini_Payroll_Vendor	Directs SAM to use a specific version of the SBT ACCPAC files when exporting payroll and running the 401 and Paycheck report. Specifically used when using ACCPAC version 7.1	Ini_Payroll_Vendor,ACCPAC:7.1
Ini_ACCPAC_Company	Directs SAM to create the posting with the correct company name in the filename of the posting file.	Ini_ACCPAC_Company,01

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Ini_Payroll_Path	Directs SAM to read/write to SBT ACCPAC files in this network path.	Ini_Payroll_Vendor,n\pro50\p rdata
Ini_PCL_UB92_red	Directs SAM to print the UB92 red form to a printer that is using a non-postscript printer driver.	Ini_PCL_UB92_red,Y
Ini_Comp_Rules_Purge_Months	Directs the SAM_DLL to keep compliance rules in the SAM database for the number of months specified (based on end date), older records are purged when the database (when a FoxPro database is reindexed, at midnight for SQL databases) By default, compliance rules older than 1 year will be deleted.	Ini_Comp_Rules_Purge_Mon ths,24
Ini_FBV_visit_status_list	Directs SAM's Medicare PPS Billing to only look for closed and verified visits when looking for the first billable visit.	Ini_FBV_visit_status_list,T-V
Ini_Self_Pay_Invoice_Net_Days	Directs SAM to print on Self Pay invoices Number of days to use when setting the "Net Due" on the Term: portion of self pay invoices.	Ini_Self_Pay_Invoice_Net_D ays,10
Ini_Ignore_New_Software_Alert	Directs SAM to allow users to continue running in SAM after the "New Software Exists" alert has been displayed. This should only be used when C: drives are shared by multiple users.	Ini_Ignore_New_Software_Al ert,T
Ini_poc_master	Directs SAM to not allow the entry of a new Plan of Care or Verbal Order in SAM. Assumes using Golden Rule PDA point of care software to send the Plan of Care/Verbal Order to SAM via the SAMDLL.	Ini_poc_mst, golden rule
Ini_CBA_PHC_Client_Signature	Directs the he CBA and PHC formats of the Timesheet Report to include a client signature line above the employee signature line.	Ini_CBA_PHC_Client_Signat ure, T
Ini_Show_Overtime_Warning	Directs Scheduling to suppress any of the warnings regarding a employee going into an overtime situation	Ini_Show_Overtime_Warning , F
Ini_POC_Xmit_Blocker,F	Directs SAM to not report message "Plan of Care for patient on xx/xx/xx was not signed. Claim ### cannot be transmitted until POC/VOs are signed" when transmitting claims for Connecticut Medicaid (ECS=50).	Ini_POC_Xmit_Blocker,F
Ini_Inherit_Oasis_SOC	Directs SAM to not populate OASIS M0032 (Start of Care Date) with the patient's start of care date. In some cases, when you have multiple payers for the patient, you may not want this date to default to the patient's start of care date.	Ini_Inherit_Oasis_SOC,F
Ini_Ext_Payerdt_On_485Copy	Directs SAM to not automatically extend the Payer Authorization End Date on the Client/Payer Relationship when you "Recert" a Plan of Care.	Ini_Ext_Payerdt_On_485Cop y,F
Ini_UQ_Visit	Directs SAM to default the "Qual" field on ALL new visits to (U)nqualified or (Q)ualified	Ini_UQ_Visit,x (where x is either "U" for unqualified or "Q" for qualified)
ini_use_skills_visit_hrs	Directs SAM to use the "Visit Hours" defined for a Skill or Sub-Skill as the default for hours for a new visit. The default hours only work for the initial skill of the visit. If anything is changed after that, including changes to the sub-skill, the hours must be changed manually.	ini_use_skills_visit_hrs,T